

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**



NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21712 (7)**  
1. Corporation Name  
**WING TEMPLE EVANGELICAL CHURCH OF CHRIST INC.**

Principal Place of Business: **12501 N.W. 21ST COURT MIAMI FL 33167**  
Mailing Address: **12501 N.W. 21ST COURT MIAMI FL 33167**

21. Principal Place of Business <b>4132 NW 181st Lane</b>	22. Mailing Address <b>4132 NW 181st Lane</b>
23. City & State <b>Miami, Florida</b>	24. City & State <b>Miami, Florida</b>
25. Zip <b>33055</b>	26. Country <b>U.S.A.</b>

3. Date Incorporated or Qualified: **07/27/1987**

4. FEI Number: **59-2826095**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**JOHNSON, ROY  
12501 N.W. 21ST COURT  
MIAMI FL 33167**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**4132 NW 181st Lane**  
83. City  
**Miami**  
84. State  
**FL**  
85. Zip Code  
**33055**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROY	1.2 NAME	
STREET ADDRESS	12501 NW 21ST CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HYACINTH	2.2 NAME	
STREET ADDRESS	12501 NW 21ST CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NADINE	3.2 NAME	
STREET ADDRESS	320 NW 149TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMON, SUSAN	4.2 NAME	
STREET ADDRESS	369 MERIDIAN AVE	4.3 STREET ADDRESS	<b>500002423605</b>
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	<b>-02/06/98--01052--028</b>
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, LEROY	5.2 NAME	
STREET ADDRESS	19010 NW 8TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>500002423605</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>-02/06/98--01052--029</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bishop Roy Johnson, President* 1-30-98 865-7511 Ext. 2131

CR2E037 (10/97)