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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(2)

Mailing Address

Corporation Name	142303	ı
SIGNS OF WORSHIP	MINISTRIES,	INC.

## **FILED** Jan 29 1998 8:00am Secretary of State

|--|

3341 N.E. 29 AV LIGHTHOUSE PO		3341 N.E. 29 AVE. LIGHTHOUSE POINT FL 33	064				3. Date Incorporated or Qualified  10/31/1988  4. FEI Number  Applied For
							65-0135102 Applied For Not Applied For
2. Principal Pl	ace of Business	2a. Mailing Address					5. Certificate of Status Desired \$8.75 Additional
21		26					Fee Required
Suite, Apt.	≠, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22		City 9 State					Trust Fund Contribution Added to Fees
City & State		City & State					7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	<u> </u>	untry	ý		8. This corporation owes or has paid the current year Intangible
24	25	29	30	η_			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	I N	amé	lo. Ivaine and Address of New Registered Agent
2011	50005						
ROWEN,	L 29 AVENUE			82	:  St	reet Addre	ess (P.O. Box Number is Not Acceptable)
	USE POINT FL 33064			83	+		
				84	Ci	íty	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617,0502	and 617.1508. Florida Statut	es, the a	above	<u>l</u> e-na	med corpo	
office or re	egistered agent, or both, in the State of	f Florida. Such change was a lons of, Section 617,0503, Flo	authoriza orida Sta	ed by atutes	y the	: corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Trial man trial and a coopy trib and a						
	Signature, typed or printed name of registered agent				ent siç	nature required	d when reinstating) DATE
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE		TITLE			! Change Additio
NAME	ROWEN, DONALD			NAME			
STREET ADDRESS	3341 NE 29 AVENUE			STREET			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	DELETE	_	CITY - S TITLE	51~ZIF	<del>'</del>	☐ Change ☐ Additio
TITLE	VD DOWIEN BOYANNE	DEEC12		NAME			
NAME	ROWEN, ROXANNE 3341 NE 29 AVENUE			NAME STREET		DEGE	
STREET ADDRESS	LIGHTHOUSE POINT FL 33064			CITY-S			es g.
CITY-ST-ZIP TITLE	D	DELETE		TITLE	<u> </u>	<del>`  </del>	Change Additio
NAME	JOHNSON, DEREK	_	3.2	NAME			
STREET ADDRESS	3341 NE 29TH AVE.		3,3	STREET	T ADDI	RESS	
CITY - ST - ZIP	LIGHTHOUSE PT. FL		3.4.	CITY-S	ST-ZI	P	
TITLE		☐ DELETE	4.1	TITLE			Change Additio
NAME			4. 2	NAME	1		
STREET ADDRESS			4.3	STREET	T ADDI	RESS	
CITY-ST-ZIP			_	CITY-S	ST-ZIF	2	
TITLE		DELETE	5.1	TITLE			Change Additio
NAME			1	NAME			
STREET AODRESS			1	STREET		i	
CITY-ST-ZIP		TI BELETE	_	CITY-S	ST-ZIP	,	Change Additio
TITLE		☐ DELETE		TITLE			T change T vocation
NAME				NAME			
STREET ADDRESS				STREET			
CITY-ST-ZIP			6.4	CITY-S	ST-ZIF	?	

14. I hereby certify that the information supplied with this filling 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:**