FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # N30218 (4)

1. Corporation Name
REDEEMS PENTECOSTAL CHURCH OF THE LIVING GOD, IN C.

Principal Place of Business	Mailing Address
11930 S.W. 213 STREET GOULDS FL 33170	11930 S.W. 213 STREET GOULDS FL 33170

3. Date Incorporated or Qualified: 01/09/1989

4. FEI Number: 65-0110878 ☐ Applied For ☒ Not Applicable

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address
26 _____
Suite, Apt. #, etc.
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

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

SHARPE, JOE E.
21811 S.W. 112 AVENUE
MIAMI FL 33170

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ARTHUR LEE		1.2 NAME		
STREET ADDRESS	21200 SW 120 AVENUE		1.3 STREET ADDRESS	DECEASED	
CITY-ST-ZIP	GOULDS FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHARPE, JOE E.		2.2 NAME		
STREET ADDRESS	21811 S.W. 112 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ELIZABETH		3.2 NAME		
STREET ADDRESS	11840 SW 224 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		3.4 CITY-ST-ZIP		
TITLE	TAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, DARLENE		4.2 NAME		
STREET ADDRESS	20000 SW 111 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		4.4 CITY-ST-ZIP		
TITLE	TAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, BETTY		5.2 NAME		
STREET ADDRESS	10821 OLD CUTLER ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KETTLES, CARRIE		6.2 NAME		
STREET ADDRESS	19254 S.W. 92 ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Darlene N Taylor REQUIRED 1-12-98 (305) 252-4891