


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 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 # N32805 (6)					
1. Corporation Name TRUE BORN CHURCH OF CHRIST OF THE APOSTOLIC FAITH, OF MIAMI, INC.					
Principal Place of Business 11434 NW 22ND AVE MIAMI FL 33167 US			Mailing Address P.O. BOX 680580 MIAMI FL 33168 US		
2. Principal Place of Business 21 2260 NW 117th St		2a. Mailing Address 26 P.O. BOX 680580		3. Date Incorporated or Qualified 06/14/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 2260 NW 117th St		4. FEI Number 65-0124935	
City & State 23 MIAMI FL		City & State 28 MIAMI FL		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 24 33167		Country 25 Dade		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country 29 33168		Country 30 Dade		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILSON, MAMIE 11434 NW 22ND AVE MIAMI FL 33167				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name MAMIE Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 83 2260 NW 117th Street 84 City MIAMI FL 85 Zip Code 33167				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <i>Mamie Wilson</i> MAMIE Wilson president 4-25-98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PSD	<input checked="" type="checkbox"/> DELETE			
NAME	WILSON, MAMIE				
STREET ADDRESS	11434 NW 22ND AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	WILSON, JOHN				
STREET ADDRESS	11402 NW 22ND AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	WILSON WESTLY				
STREET ADDRESS	9000 NW 20TH AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	WILSON, MAMIE Y				
STREET ADDRESS	11336 NW 22 AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	president, secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	DIKECTOR				
1.3 STREET ADDRESS	MAMIE Wilson				
1.4 CITY-ST-ZIP	2260 NW 117th St MIAMI FL 33167				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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: <i>Mamie Wilson</i> MAMIE Wilson president 4-26-98 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 305 6936583</small>					

CR2E037 (10/97)