

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N33517 (6)

1. Corporation Name

SEASHORE BIBLE CHURCH OF GOD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2: 40

Principal Place of Business

40 NW 195TH STREET
N. MIAMI FL 33169

Mailing Address

40 NW 195TH STREET
N. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1989

3a. Date of Last Report

08/05/1994

4. FEI Number

51-0183437

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 40 NW 195TH ST N. MIAMI FL

2a. Mailing Address

26 40 NW 195TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 40 NW

27 N. MIAMI

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

24 33169

25 DADE

29 33169

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, HAMBERT
40 NW 195TH STREET
N. MIAMI FL 33169

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, HAMBERT
STREET ADDRESS 40 NW 195TH STREET
CITY - ST - ZIP N. MIAMI FL 33169

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE D
NAME WEST, WILBERT
STREET ADDRESS 537 NE 137TH STREET
CITY - ST - ZIP MIAMI FL 33161

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE D
NAME THOMPSON, GLORIA
STREET ADDRESS 2486 NW 171ST TERRACE
CITY - ST - ZIP OPA LOCKA FL 33056

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE D
NAME ALLEN, PETRONA
STREET ADDRESS 537 NE 137TH STREET
CITY - ST - ZIP MIAMI FL 33161

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE S
NAME WILLIAMSON, MAVIS
STREET ADDRESS 537 NORTHEAST STREET
CITY - ST - ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rev. Hambert Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-95

Date

305-8937857

Excluded From