

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N33517** (6)

1. Corporation Name

SEASHORE BIBLE CHURCH OF GOD, INC.



Principal Place of Business

**40 SW 195 ST N
MIAMI FL 33169
US**

Mailing Address

**40 NW 195 STREET
MIAMI FL 33169
US**

3. Date Incorporated or Qualified
08/02/1989

3a. Date of Last Report
08/08/1995

2. Principal Place of Business
21 **40 NW 195 ST**

2a. Mailing Address
26 **40 NW 195 ST**

4. FEI Number
51-0183437

Applied For
☒ Not Applicable

22 Suite, Apt. #, etc. **40 NW**

27 Suite, Apt. #, etc. **40 NW**

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

23 City & State **MIAMI FLORIDA**

28 City & State **MIAMI FLORIDA**

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

24 Zip **33169** 25 Country **DADE**

29 Zip **33169** 30 Country **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 **HAMBERT SMITH**
82 Street Address (P.O. Box Number is Not Acceptable) **40 NW**
83 **195 ST**
84 City **MIAMI** FL 85 Zip Code **33169**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SMITH, HAMBERT
STREET ADDRESS	40 NW 195TH STREET
CITY-ST-ZIP	N. MIAMI FL 33169
TITLE	D <input type="checkbox"/> DELETE
NAME	WEST, WILBERT
STREET ADDRESS	537 NE 137TH STREET
CITY-ST-ZIP	MIAMI FL 33161
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMPSON, GLORIA
STREET ADDRESS	2486 NW 171ST TERRACE
CITY-ST-ZIP	OPA LOCKA FL 33056
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEN, PETRONA
STREET ADDRESS	537 NE 137TH STREET
CITY-ST-ZIP	MIAMI FL 33161
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, MAVIS
STREET ADDRESS	537 NORTHEAST STREET
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DONALD SMITH
STREET ADDRESS	18820 NW 8th AVE
CITY-ST-ZIP	MIAMI FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD SMITH
1.3 STREET ADDRESS	18820 NW 8th AVE
1.4 CITY-ST-ZIP	MIAMI FL 33169
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 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:

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

2-5-96

305-893-4449

Date

Daytime Phone #

305-893-7857

CR2E037 (12/95)