

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33517** (6)

1. Corporation Name

**SEASHORE BIBLE CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

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

**40 NW 195 STREET  
MIAMI FL 33169-3344  
US**



3. Date Incorporated or Qualified  
**08/02/1989**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

**21 1935 NW 192ND TER**

**26 1935 NW 192ND TER**

**22 OPA LOCKA**

**27 OPA LOCKA**

**23 MIAMI FL.**

**28 MIAMI FL.**

**24 33056** **25 USA**

**29 33056** **30 USA**

9. Name and Address of Current Registered Agent

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

4. FEI Number

**51-0183437**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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

**HAMBERT SMITH**

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

(NOTE: Registered Agent signature required when reinstating)

**4<sup>th</sup> / 29-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, HAMBERT</b>	
STREET ADDRESS	<b>40 NW 195TH STREET</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33169</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEST, WILBERT</b>	
STREET ADDRESS	<b>537 NE 137TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, GLORIA</b>	
STREET ADDRESS	<b>2486 NW 171ST TERRACE</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33056</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, PETRONA</b>	
STREET ADDRESS	<b>537 NE 137TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, MAVIS</b>	
STREET ADDRESS	<b>537 NORTHEAST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, DOANLD</b>	
STREET ADDRESS	<b>18820 NW 8TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HAMBERT SMITH</b>	
1.3 STREET ADDRESS	<b>33056</b>	
1.4 CITY-ST-ZIP	<b>1935 NW 192ND TER OPA LOCKA FL</b>	

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 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

**HAMBERT SMITH**

**HAMBERT SMITH**

**1<sup>st</sup> / 29-97**

CR2E037 (9/96)