

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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.

Principal Place of Business

Mailing Address

1935 N.W. 192ND TERR
OPALOCKA FL 33056
US

1935 N.W. 192ND TERR
OPALOCKA FL 33056
US

FILED

98 OCT 16 PM 4:04

SECRETARY OF STATE
STATE OF FLORIDA



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/02/1989

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

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

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

81 Name

SMITH, HAMBERT

82 Street Address (P.O. Box Number is Not Acceptable)

1935 NW 192ND ST.

83

84 City

MIAMI

FL

85 Zip Code

33056

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 P ☐ DELETE

NAME SMITH, HAMBERT
STREET ADDRESS 1935 N.W. 192ND TERR
CITY-ST-ZIP OPALOCKA FL

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE S ☐ DELETE

NAME SMITH, DOANLD
STREET ADDRESS 18820 NW 8TH AVE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: HAMBERT SMITH HIRE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/98

Date

954-986-1504

Daytime Phone #

000404

CR2E037 (5/98)