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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33517

1. Corporation Name

SEASHORE BIBLE CHURCH OF GOD, INC.

339175 - 90107 - 9

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **4011 SW 32nd STREET**

Suite, Apt. #, etc.

N/A

City & State

23 **HOLLYWOOD, FLORIDA**

Zip

24 **33023**

Country

25 **BROWARD**

2a. Mailing Address

26 **4011 SW 32nd ST.**

Suite, Apt. #, etc.

N/A

City & State

28 **HOLLYWOOD, FLORIDA**

Zip

29 **33023**

Country

30 **BROWARD**

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 ☐

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SMITH, HAMBERT

1935 N.W. 192ND STREET

MIAMI FL 33056

81 Name

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

4011 SW 32nd STREET

83

84 City

HOLLYWOOD

FL

85 Zip Code

33023

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	<input type="checkbox"/> DELETE
NAME	SMITH, HAMBERT	
STREET ADDRESS	1935 N.W. 192ND TERR	
CITY-ST-ZIP	OPALOCKA FL	
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 type="checkbox"/> DELETE
NAME	WILLIAMSON, MAVIS	
STREET ADDRESS	537 NORTHEAST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 954-986-1504
Date Daytime Phone #

CR2E037 (11/98)