

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33819** (6)
1. Corporation Name
**FULL GOSPEL ASSEMBLY OF RIGHTEOUSNESS IN JESUS C
HRIST INC.**

Principal Place of Business Mailing Address
3901 N.W. 2ND AVE. **3901 N.W. 2ND AVE.**
MIAMI FL 33127 **MIAMI FL 33127**

2. Principal Place of Business 21 3901 N.W. 2nd Ave Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip 24 33127 Country 25 USA	2a. Mailing Address 26 same as above Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified
08/21/1989

4. FEI Number Applied For
65-0335865 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

9. Name and Address of Current Registered Agent

**ETIENNE, EMY REV.
749 NE 82 ST.
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name **NO New Registered Agent**
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ETIENNE, EMY	
STREET ADDRESS	749 N.E. 82ND STREET	
CITY - ST - ZIP	MIAMI FL 33138	
TITLE	S	☐ DELETE
NAME	ETIENNE, FRANTZ-SUZE	
STREET ADDRESS	749 N.E. 82ND STREET	
CITY - ST - ZIP	MIAMI FL 33138	
TITLE	D	☐ DELETE
NAME	TRANCHANT, ALFRED	
STREET ADDRESS	780 N.E. 83 STREET	
CITY - ST - ZIP	MIAMI FL 33138	
TITLE	D	☐ DELETE
NAME	GABRIEL, JOSEPH	
STREET ADDRESS	811 N.E. 82 TERRACE	
CITY - ST - ZIP	MIAMI FL 33138	
TITLE	D	☐ DELETE
NAME	ST. PHARD, J. PAUL	
STREET ADDRESS	12433 N.E. MIA CT.	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

REQUIRED

4/27/98

CR2E037 (10/97)