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May 09 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N34863 (3)

1. Corporation Name

CHURCH OF GOD AND SAINTS OF CHRIST, CARE HOME, I  
NC.

Principal Place of Business

Mailing Address

11336 N.W. 22ND AVENUE  
P.O. BOX 680580  
MIAMI FL 33168  
US

11336 N.W. 22ND AVENUE  
P.O. BOX 680580  
MIAMI FL 33168-0580  
US

3. Date Incorporated or Qualified  
10/24/1989

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

4. FEI Number  
65-0151005

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

2. Principal Place of Business

2a. Mailing Address

21 11434 NW 22nd Ave

26 11434 NW 22nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
MIAMI Florida

27 City & State  
MIAMI Florida

23 Zip  
33167

25 Country  
DADE

28 Zip  
33167

30 Country  
DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAMIE WILSON  
11336 N.W. 22ND AVENUE  
MIAMI FL 33167

81 Name  
MAMIE Wilson

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

83 11434 NW 22nd Ave

84 City  
MIAMI

FL 85 Zip Code  
33167

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 *Mamie Wilson* President MAMIE Wilson 4/29/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WILSON, MAMIE  
STREET ADDRESS 11434 NW 22nd Ave  
CITY-ST-ZIP MIAMI FL 33167

1.1 TITLE PRESIDENT DIRECTOR  
1.2 NAME MAMIE Wilson  
1.3 STREET ADDRESS 11434 NW 22nd Ave  
1.4 CITY-ST-ZIP MIAMI FL 33167

TITLE VSD  
NAME WILSON, JOHN  
STREET ADDRESS 11402 NW 22ND AVE.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME WORTHAN, WALTER  
STREET ADDRESS 9026 NW 20 AVE.  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 *Mamie Wilson* President MAMIE Wilson 4/29/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

CR2E037 (9/96)