FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #

(6)

	FILED	1
May 05	1998	8:00am
Secre	tary of	State

CHOWN OF GLORY CHURCH OF GOD IN CHRIST, INC.							
Principal Plac	e of Business	Mailing Address					
3225 OLD DIXI RIVIERA BEACI		3355 NW 213TH TERR MIAMI FL 33056				3. Date Incorporated or Qualified 12/29/1989	
		US				4. FEI Number Applied For	
						65-0161901 Not Applicab	le
2. Principal F	Place of Business	26 Mailing Address				5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt.	W, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		27 City 9 City				Trust Fund Contribution Added to Fees	
City & Stat	10	City & State				7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent		81	Mana	10. Name and Address of New Registered Agent	_
				° '	Name		
	UR-CAMPBELL, RUBY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	EMBROKE ROAD VOOD FL 33021			83			_
, noteri	1000 11 33021			84	City	■■ 85 Zip Code	
					•	FL T	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	tutes, the a	bove d hv	named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	d
agent. I a	am familiar with, and accept the obli	gations of, Section 617.0503,	Florida Sta	ules	,	, , , , , , , , , , , , , , , , , , ,	
SIGNATURE	Signature, typed or printed name of registered a	nest and title if applicable (A	MTE Basisters	4 600	nt signature require	d when reinstating) DATE	_
12.		ND DIRECTORS	13.	u Ayo	III BUSINIONE LECTURE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	PD	DELETE	1,1 Ti	TLE	.	Change Addition	on
NAME	HARRIS, IRVIN		1.2 N	AME			
STREET ADDRESS	3355 NW 213 TERRACE		1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.40	TY-S	T-21P		
TITLE	VD	☐ DELETE	2.1 10	TLE		Change Addition	חנ
HAME	WALKER, AMOS		2.2 N	AME			
STREET ADDRESS	3190 CRYSTAL WAY		2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	MIRAMAR FL			ITY-S	T - 21P		_
TITLE	SD	☐ DELETE	3.1 11	TLE		Change Addition)N
NAME	HARRIS, RUTH		3.2 N				
STREET ADDRESS	3355 NW 213 TERRACE		3.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	MAMI FL			ITY-S	IT-ZIP		_
TITLE	TD	☐ DELETE	4.1 1		ĺ	Change Addition	n
NAME	HARRIS, DARWIN		4.21				
STREET ADDRESS	3190 CRYSTAL WAY				ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	T priete		TY-S	1-ZIP	☐ Change ☐ Additio	
TITLE	T PRIO PERSION P	☐ DELETE	5.1 TO				<i>,</i> ,,
NAME	HARRIS, DERRICK R		5.2 N				
STREET ADDRESS	2 FOX HOLLOW DRIVE				ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	DELETE		TY-S	1-ZIP	☐ Change ☐ Additio	OD.
TITLE		C) Access	6.1 To			Change Addition	211
NAME			6.2 N				
STREET ADDRESS				TREET	ADDRESS		
			■ 2.4 ^-				

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: