FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N36406

Corporation Name

FIRST UNITED CHURCH OF JESUS CHRIST (APOSTOLIC) OF GOLDEN GLADES, NORTH MIAMI, INC.

Principal Place of Business 3181 N.W. 168 TER.

Mailing Address

2900 NW 170TH STREET MIAM) FL 33056

MIAMI FL 33056

FILED
Mar 17, 1999 8:00 am
Secretary of State 03-17-1999 90134 008 ****61.25

2. Principal P	ce of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 02/01/1990								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				·	4. FEI Number		+	ied For			
2		27					65-0187223		Not /	Applicable			
City & State	0	28	City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required					
Zip	Country	120	Zip Country				6. Election Campaign Financing	\$5.	.00 м	lav Be			
¬ '	·	29	30				Trust Fund Contribution	, in the second					
4							10. Name and Address of New Registered Agent						
Name and Address of Current Registered Agent					81 Name								
OUDTIC LEONODA													
	CURTIS, LEONORA				82 Street Address (P.O. Box Number is Not Acceptable)								
	170TH STREET			83	╁		·						
MIAMI FL 33056				"						,			
					1	City	FL	85	Zip Co	ebo			
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, typed or printed name of registered agent a		· · · · · · · · · · · · · · · · · · ·		nt s	ngnature require	ADDITIONS/CHANGES TO OFFICERS AND	DIR	CTOR	K 1 72			
12.	OFFICERS AND	DIRE		13.	_		ADDITIONS/CHANGES TO OF TICERO AND	Cha	nge /	Addition			
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NAME	SMITH, KAY			1.2 NAME						j			
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CITY-ST-ZIP				1.4 CITY-5	ST-Z	ZIP							
TITLE				2.1 TITLE				Cha	inge	☐ Addition			
NAME				2.2 NAME									
STREET ADDRESS	AAAA ARAA AAATTI TEE			2.3 STREE	TA	DORESS							
						1							
CITY-ST-ZIP	***************************************			2. 4 CITY- 3.1 TITLE	3,1	-		Cha	inge	Addition			
TITLE	▼			3.2 NAME				_					
NAME	MILLER, RUPERT G.												
STREET ADDRESS	3181 NW 168TH TER			3.3 STREE		i							
CITY-ST-ZIP_	MIAMI FL			3.4. CITY-	ŞT-	ZIP		Cha	פתחם	Addition			
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C/TY-ST-ZIP	t .			'									

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.