

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:55

DOCUMENT # **N36651** (0)

1. Corporation Name

THE CHURCH OF THE KINGDOM OF GOD OF NORTH DADE, INC.

Principal Place of Business

Mailing Address

% CLARA BARBES
3740 N.W. 195TH ST.
CORAL CITY FL 33055

% CLARA BARBES
3740 N.W. 195TH ST.
CORAL CITY FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1990** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0349141** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBES, CLARA
3740 NW 195TH ST
CAROL CITY FL 33055

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 TD
NAME BARBES, CLARA
STREET ADDRESS 3740 N.W. 195TH ST
CITY-ST-ZIP CARAL CITY FL

TITLE TD
NAME LAVON, DANIEL, JR.
STREET ADDRESS 1320 N.W. 174TH ST
CITY-ST-ZIP MIAMI FL

TITLE T
NAME RICHARDS, GWENDOLYN
STREET ADDRESS 20411 N.W. 33RD CT
CITY-ST-ZIP CAROL CITY FL

TITLE TD
NAME PARKS, BRETT
STREET ADDRESS 840 N.W. 141ST ST
CITY-ST-ZIP MIAMI FL

TITLE T
NAME PARKS, MARK
STREET ADDRESS 840 N.W. 141ST ST
CITY-ST-ZIP MIAMI FL

TITLE T
NAME Estrella Foster
STREET ADDRESS 1402 NE 15th St.
CITY-ST-ZIP N. Miami, FL 33161

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 TD Change Addition
5.2 NAME Lovern Parks
5.3 STREET ADDRESS 2730 Sunshine Blvd.
5.4 CITY-ST-ZIP Miramar, FL 33023

6.1 TITLE TD Change Addition
6.2 NAME Carolyn Lavan
6.3 STREET ADDRESS 1320 NW 174 St.
6.4 CITY-ST-ZIP Miami, FL 33169

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clara B. Barbès

3-31-95 (305) 620-0273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #