

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42097 1. Corporation Name Apostolic Church of God 7 th Day		400002642544 -09/17/98--01080--018 ***70.00	
Principal Place of Business 12145 NW 27 th AVE MIAMI FL.		Mailing Address	
2. Principal Place of Business 21 3503 JOSEPHINE ST Suite, Apt. #, etc.		2a. Mailing Address 26 3503 JOSEPHINE ST Suite, Apt. #, etc.	
22 City & State 23 SEBRING FL.		27 City & State 28 SEBRING FL	
24 33870 25 HIGHLAND		29 33870 30 HIGHLAND	
9. Name and Address of Current Registered Agent AARON REID (BISHOP) 19900 NW 33 rd AVE MIAMI FL. 33056		10. Name and Address of New Registered Agent 81 Name JOSEPH A DEAN (PASTOR) 82 Street Address (P.O. Box Number is Not Acceptable) 3503 JOSEPHINE ST. 83 84 City SEBRING FL 85 Zip Code 33870	
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 JOSEPH A. DEAN <i>Joseph A. Dean</i> PRESIDENT/SECRETARY DATE 9-2-98 (NOTE: Registered Agent signature required when changing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE NAME AARON REID STREET ADDRESS 19900 NW 33 rd AVE CITY-ST-ZIP MIAMI FL. 33056		1.1 TITLE D/PRESIDENT/SECRETARY Change <input checked="" type="checkbox"/> Addition 1.2 NAME JOSEPH A DEAN 1.3 STREET ADDRESS 3503 JOSEPHINE ST 1.4 CITY-ST-ZIP SEBRING FL. 33870	
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME CATHERINE GRANT STREET ADDRESS 6421 SW 63 COURT CITY-ST-ZIP MIAMI FL. 33043		2.1 TITLE D/VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME CATHERINE GRANT 2.3 STREET ADDRESS 6421 SW 63 COURT 2.4 CITY-ST-ZIP MIAMI FL. 33043	
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME LINDA HART STREET ADDRESS 1616 CRESENT DRIVE CITY-ST-ZIP SEBRING FL. 33870		3.1 TITLE D/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME LINDA HART 3.3 STREET ADDRESS 1616 CRESENT DRIVE 3.4 CITY-ST-ZIP SEBRING FL. 33870	
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME FREDRICK DUGGAN 4.3 STREET ADDRESS 165 NW 197 ST 4.4 CITY-ST-ZIP MIAMI FL. 33169	
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME PATROLIA WASHINGTON 5.3 STREET ADDRESS 17223 NW 49 PLACE 5.4 CITY-ST-ZIP MIAMI FL. 33055	
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME EDGERT MCKENZIE 6.3 STREET ADDRESS 18505 NW 10 COURT 6.4 CITY-ST-ZIP MIAMI FL. 33143	
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: Catherine Grant DATE 9/2/98 305-666-0703 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (5/98)