

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<sup>th</sup> DAY

Principal Place of Business Mailing Address  
 12145 N W 27<sup>th</sup> AVE  
 MIAMI FL.

400002642544  
 -09/17/98--01080--018  
 \*\*\*70.00

2. Principal Place of Business 2a. Mailing Address  
 21 3503 JOSEPHINE ST 26 3503 JOSEPHINE ST  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 SEBRING FL. 28 SEBRING FL  
 Zip Country Zip Country  
 24 33870 25 HIGHLAND 29 33870 30 HIGHLAND

3. Date Incorporated or Qualified  
 02/14/1991  
 4. FEI Number Applied For  
 65-0250191 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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 AARON REID (BISHOP)  
 19900 NW 33<sup>rd</sup> 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 *J.A. Dean* PRESIDENT/SECRETARY 9-2-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE
NAME	AARON REID
STREET ADDRESS	19900 NW 33 <sup>rd</sup> AVE
CITY-ST-ZIP	MIAMI FL. 33056
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	CATHERINE GRANT
STREET ADDRESS	6421 SW 63 <sup>rd</sup> COURT
CITY-ST-ZIP	MIAMI FL. 33043
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	MARGARIE HART
STREET ADDRESS	6421 SW 63 <sup>rd</sup> COURT
CITY-ST-ZIP	MARGATE FL. 33063
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/PRESIDENT/SECRETARY <input type="checkbox"/> 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
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 <sup>rd</sup> COURT
2.4 CITY-ST-ZIP	MIAMI FL. 33043
3.1 TITLE	D/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARGARIE HART
3.3 STREET ADDRESS	1616 CRESENT DRIVE
3.4 CITY-ST-ZIP	SEBRING FL. 33870
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 <sup>th</sup> ST
4.4 CITY-ST-ZIP	MIAMI FL. 33169
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 <sup>th</sup> PLACE
5.4 CITY-ST-ZIP	MIAMI FL. 33055
6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EDGERT MCKENZIE
6.3 STREET ADDRESS	1850 S NW 10 <sup>th</sup> 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 9/2/98 305-666-0703  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (5/98)