

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90076 033 ****61.25

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DOCUMENT # N42097

1. Corporation Name

APOSTOLIC CHURCH OF GOD 7TH DAY, INC.

Principal Place of Business

3503 JOSEPHINE ST.
SEBRING FL 33870

Mailing Address

3503 JOSEPHINE ST.
SEBRING FL 33870



2. Principal Place of Business

21 12145 N. W. 27th Ave.
Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

24 33167 25

2a. Mailing Address

26 12145 N. W. 27th Ave.
Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

29 33167 30

3. Date Incorporated or Qualified

02/14/1991

4. FEI Number

65-0250191

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

9. Name and Address of Current Registered Agent

DEAN, JOSEPH A PASTOR
3503 JOSEPHINE ST.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PDS
NAME DEAN (PASTOR), JOSEPH
STREET ADDRESS 3503 JOSEPHINE ST.
CITY-ST-ZIP SEBRING FL 33870 ☐ DELETE

TITLE DVP
NAME GRANT, CATHERINE
STREET ADDRESS 6421 SW 63RD COURT
CITY-ST-ZIP SOUTH MIAMI FL 33043 ☐ DELETE

TITLE DT
NAME HART, YNOANIE
STREET ADDRESS 1616 CRESCENT DRIVE
CITY-ST-ZIP SEBRING FL 33870 ☐ DELETE

TITLE D
NAME DUGGAN, FREDRICK
STREET ADDRESS 165 NW 197 ST.
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

TITLE D
NAME WASHINGTON, PATROLIA
STREET ADDRESS 17223 NW 49 PLACE
CITY-ST-ZIP MIAMI FL 33055 ☐ DELETE

TITLE D
NAME MCKENZIE, EDGBERT
STREET ADDRESS 1850 NW 10 COURT
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Joseph Dean (Pastor)
1.4 CITY-ST-ZIP 3503 Josephine St ☐ Change ☐ Addition

2.1 TITLE Sebring, Fl 33870 ☐ Change ☐ Addition
2.2 NAME President
2.3 STREET ADDRESS Catherine Grant
2.4 CITY-ST-ZIP 6421 S W 63rd Court ☐ Change ☐ Addition

3.1 TITLE South Miami, Fl 33043 ☐ Change ☐ Addition
3.2 NAME Vice President
3.3 STREET ADDRESS Ynoanie Hart
3.4 CITY-ST-ZIP 1616 Crescent Drive ☐ Change ☐ Addition

4.1 TITLE Sebring, Fl 33870 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

JOSEPH A DEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 (94)471-1604

Date

Daytime Phone #

CR2E037 (1/98)