

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42893** (0)

1. Corporation Name

**THE APOSTOLIC CHURCH IN AMERICA, INC.**

Principal Place of Business <b>HOLIDAY INN HOTEL GOLDEN GLADES 148 N.W. 167th STREET MIAMI, FL 33169</b>	Mailing Address <b>1045 N.E. 171 TERRACE NO. MIAMI BEACH FL 33162</b>
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3. Date Incorporated or Qualified <b>04/10/1991</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0259958</b>		

2. Principal Place of Business 21 <b>Holiday Inn Hotel</b> Suite, Apt. #, etc. <b>148 NW 167 St</b>	2a. Mailing Address 26 <b>1045 NE 171 Terr</b> Suite, Apt. #, etc.
22 <b>Golden Glades, Fla FL 33162</b> City & State	27 <b>No. Miami Beach FL</b> City & State
23 <b>No. Miami, Bch FL 33162</b> Zip	28 <b>Florida</b> Country
24 <b>33162</b> Country <b>DADE</b>	29 <b>33162</b> Country <b>DADE</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

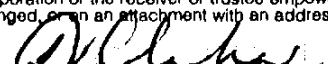
9. Name and Address of Current Registered Agent <b>CLAHAR, RANSFORD G. 1045 NE 171ST TERRACE N. MIAMI BEACH FL 33162</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CLAHAR, RANSFORD G.</b>	1.2 NAME	
STREET ADDRESS	<b>1045 NE 171 TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BCH. FL 33162</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D CLAHAR, RUTH M.</b>	2.2 NAME	
STREET ADDRESS	<b>1045 NE 171 TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33162</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BASSETT, YVONNE</b>	3.2 NAME	
STREET ADDRESS	<b>20101 NW 34TH COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:  4/25/98

CR2E037 (10/97)