

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 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 # N46723 (5) 1. Corporation Name

THE CHURCH OF GOD OF THE ABRAHAMIC FAITH INC.

Principal Place of Business 10901 S.W. 28th Street Miami FL. 33165	Mailing Address 10901 S.W. 28th Street Miami FL. 33165
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3. Date Incorporated or Qualified 01/07/1992	
4. FEI Number 65-0373876	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

ROSS, FRANKLYNE H.
10335 S.W. 35th Street
Miami FL. 33165

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 *FRANKLYNE H. ROSS* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	D
NAME	ROSS, FRANKLYNE H.
STREET ADDRESS	10335 S.W. 35th Street
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	MILLER, WILLIAM SR
STREET ADDRESS	631 SW 100 AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	LUTZ, DANNY L
STREET ADDRESS	1042 CATALONIA AVE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	SD
NAME	ROSS, WILSON P
STREET ADDRESS	18473 SW 88 PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	ROSS, DAVID T.
STREET ADDRESS	8180 GENEVA CT APT B-520
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	ROSS, CHRISTOPHER A.
STREET ADDRESS	8180 GENEVA CT APT B-520
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PD ROSS, DAVID T.
 3242 VILLAGE GREEN DRIVE
 MIAMI, FL

VD ROSS, CHRISTOPHER A.
 3242 VILLAGE GREEN DRIVE
 MIAMI FL

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 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: *FRANKLYNE H. ROSS* *Franklyne H. Ross* 4/11/1998 305-226-8916
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)