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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N46723

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 01/07/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 65-0373876

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, FRANKLYNE H
 10335 SW 35TH STREET
 MIAMI FL 33165

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME ROSS, FRANKLYNE H
 STREET ADDRESS 10335 S W 35TH STREET
 CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME MILLER, WILLIAM SR
 STREET ADDRESS 631 SW 100 AVE
 CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME LUTZ, DANNY L
 STREET ADDRESS 1042 CATALONIA AVE
 CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME ROSS, WILSON P
 STREET ADDRESS 18403 S W 88 PLACE
 CITY-ST-ZIP MIAMI FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE PD DELETE
 NAME ROSS, DAVID T.
 STREET ADDRESS 3242 VILLAGE GREEN DR
 CITY-ST-ZIP MIAMI FL

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

TITLE VD DELETE
 NAME ROSS, CHRISTOPHER A.
 STREET ADDRESS 3242 VILLAGE GREEN DR
 CITY-ST-ZIP MIAMI FL

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:

Franklyn H. Ross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

305-226-8916

Date

Daytime Phone #

CR2E037 (1/98)