

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 46758

1. Corporation Name
HOLY MISSION FULL GOSPEL CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business Mailing Address
**2025 NW 24th AV
FT. LAUDERDALE, FL 33311**

3. Date Incorporated or Qualified 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0303145	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**Agnes Rivers
3013 NW 6th St.
Ft Lauderdale, FL 33311**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (Name) Registered Agent (Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	PASTOR AGNES RIVERS 3013 NW 6th ST. FT. LAUDERDALE, FL 33311	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V/D	SUPT. DAVID WASHINGTON 1312 NW 15th COURT FT. LAUDERDALE, FL 33311	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/D	SEC'Y MARGIE HARRIS 1649 NW 13th st. FT. LAUDERDALE, FL 33311	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	TREASURER BETTY GRAHAM 2435 WILEY ST. HOLLYWOOD, FL 33020	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C/T	HEAD DEACON WILLIE RIVERS 3013 NW 6th ST. FT. LAUDERDALE, FL 33311	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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: *Agnes Rivers* AGNES RIVERS 4-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (954) 525-9857 (954) 792-4510 Date: Daytime Phone:

CR2E037 (12/95)