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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N50190

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## GOULDS COALITION OF MINISTERS AND LAY PEOPLE, IN

**FILED** May 01 1996 8:00 am Secretary of State

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Principal Plac	ce of Business		Ма	ailing Address								
11621 SW 2	•			2365 SW 112TI								
Goulds Fl Us	. 33170		U:	oulds fl 331 S	170							
03				•					3. Date Incorporated or Qualified 08/03/1992	<b>3</b> a. Da	te of Las 05/01/	st Report <b>1995</b>
2. Principal	Place of Busin	ess	2a.	Mailing Addre	ess				4. FEI Number		Х	Applied For
21			26						59-2824419			Not Applicable
Suite, Ap	t. #, etc.		27	Suite, Apt. #,	, etc.				5. Certificate of Status Desired	K		75 Additional e Required
City & Sta	ate			City & State					6. Election Campaign Financing		\$5.	<b>00</b> May Be
23			28						Trust Fund Contribution		Add	led to Fees
Zip		Country		Zip		Cour	ntry		8. This corporation has liability for			s. 199.032,
24		25	29			30				Yes X	.,,,	
	9, Name	and Address of Currer	nt Regis	tered Agent			<u> </u>		10. Name and Address of New	Registered	Agent	
							81	Name				
	ms, charle	S L.				1	82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
10720	SW 218 ST											
GOULE	)S FL 33170						83					
							84	City			85	Zip Code
								•	ration submits this statement for the pr	FL	.	
	tarad agant ai	both, in the State of Flori pt the obligations of, Sec	ida Saint	n change was	authorize(	d by the c	orpor	ation's boar	rd of directors. I hereby accept the ap	pointment as	registen	ed agent. I am
familiar												
familiar SIGNATURE		or printed name of registered agen	t and title if a	applicable.			Agent s	signature required	d when reinstating)	DATE	DIDLO	TODS IN 19
familiar SIGNATURE 12.	Signature, typed		t and title if a	applicable.	(NOTE	13.		signature required	d when reinstating) ADDITIONS/CHANGES TO OF			
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familiar SIGNATURE 12. TITLE NAME	Signature, typed	or printed name of registered agen OFFICERS AN	t and title if a	applicable.	(NOTE	13. 1.1 Ti 1.2 N/	TLE					
familiar SIGNATURE 12. TITLE	Signature, typed CD HARRIS 9880 P/	OFFICERS AN OFFICERS AN , EMANUEL JR ALMETTO CLUB DR.	t and title if a	applicable.	(NOTE	13. 1.1 Ti 1.2 N/ 1.3 ST	TLE AME REET AC	DDRESS				
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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 organ attachment with an address.

SIGNATURE: