

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N50190 (0)**  
1. Corporation Name  
**GOULDS COALITION OF MINISTERS AND LAY PEOPLE, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>11021 SW 210TH ST.<br/>GOULDS FL 33170<br/>US</b> | Mailing Address<br><b>10720 S.W. 218TH STREET<br/>GOULDS FL 33170<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/03/1992</b>   |  |
| 4. FEI Number<br><b>59-2824419</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 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?<br><input type="checkbox"/> Yes <input checked="" 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 |  |

|   |                           |
|---|---------------------------|
| 2. Principal Place of Business<br>21 <b>10705 SW 216 St. D-218</b><br>Suite, Apt. #, etc.<br>22 <b>D-18</b> | 2a. Mailing Address<br>26 |
| City & State<br>23 <b>GOULDS, FLA</b>   | 27                        |
| Zip<br>24 <b>33170</b>  | Country<br>25 <b>US</b>   |

9. Name and Address of Current Registered Agent  
**WILLIAMS, CHARLES L.  
10720 SW 218 ST  
GOULDS FL 33170**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| B1 Name   |             |
| B2 Street Address (P.O. Box Number is Not Acceptable) |             |
| B3  |             |
| B4 City   | B5 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 CHARLIE WILLIAMS (Bishop) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                        |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br><b>CD</b>                                | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br><b>CD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>HARRIS, EMANUEL JR</b>                 |  | 1.2 NAME<br><b>ANDREW ERNEST T</b>                    |  |
| STREET ADDRESS<br><b>9880 PALMETTO CLUB DR.</b>   |  | 1.3 STREET ADDRESS<br><b>16242 S.W. 99TH PLACE</b>    |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33157</b>              |  | 1.4 CITY-ST-ZIP<br><b>MIAMI FL 33157</b>              |  |
| TITLE<br><b>CCD</b>                               | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br><b>CEO</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ANDREW, ERNEST T</b>                   |  | 2.2 NAME<br><b>Alice Adams</b>                        |  |
| STREET ADDRESS<br><b>12020 S.W. 177TH TERRACE</b> |  | 2.3 STREET ADDRESS<br><b>22365 S.W. 112 PL</b>        |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33176</b>              |  | 2.4 CITY-ST-ZIP<br><b>MIAMI, FL 33170</b>             |  |
| TITLE<br><b>TD</b>                                | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>GREER, TED J</b>                       |  | 3.2 NAME  |  |
| STREET ADDRESS<br><b>17401 S.W. 84TH CT</b>       |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                    |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>S</b>                                 | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>BROUSSARD, BARBARA</b>                 |  | 4.2 NAME  |  |
| STREET ADDRESS<br><b>14841 PIERCE AVE.</b>        |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                    |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE            | 5.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |  | 5.2 NAME<br><b>Evelyn Bennett</b>                     |  |
| STREET ADDRESS                                    |  | 5.3 STREET ADDRESS<br><b>9760 S.W. 167 St.</b>        |  |
| CITY-ST-ZIP                                       |  | 5.4 CITY-ST-ZIP<br><b>Miami Florida 33157</b>         |  |
| 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 on an attachment with an address.

SIGNATURE: Charlie Williams **CHARLIE WILLIAMS** 2/26/98 305-233-2536

CF2E037 (10/97)