## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N50190**

## GOULDS COALITION OF MINISTERS AND LAY PEOPLE, IN

Principal Place of Busines
10705 SW 216 STREET
D-218
GOULDS FL 33170
US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

10780x SAVE \$185 Ht STREET GOULDS FL 33170

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90185 021 \*\*\*\*70.00

-      <b>                                </b>	)	

3. Date Incorporated or Qualifed

08/03/1992

11		26 P.O.BOX.96	5		08/03/1	992			
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			4. FEI Numb			App	lied For
22		27			59-2824	<del>14</del> 19		Not	Applicable
City & State	)	City & State			5 Cortifocto	of Status Desired		\$8.75 A	
23	28 GOULDS, FLORIDA		o. Certificate	5. Certificate of Status Desired		Fee Red	uired		
Zip			ry	6. Election C	6. Election Campaign Financing		\$5.00 May Be		
24	25	29 33170	30 U.	S.A.		d Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name an	d Address of New	Registered	Agent .	
*** "			8	1 Name					
WILLIAMS, CHARLES L.			8	2 Street	reet Address (P.O. Box Number is Not Acceptable)				
10720 SW	218 ST		_						<u> </u>
GOULDS F	FL 33170		8	3	÷				
			8	4 City			FI	85 Zip C	ode
44 5	to the provisions of Sections 617.0502	and 617 1500. Florida Statuter	the abo	ve named	comporation submits t	his statement for the	e numose of	changing its	registered
office or re	agistered agent or both in the State of	Florida, Such change was au	(norizec D	y the corpc	ration's board of dire	ctors. I hereby acce	ept the appoi	ntment as reg	istered
agent. I ar	n familiar with, and accept the obligation	ins of, Section 617.0503, Flori	da Statute	S.	•				
SIGNATURE	·						DATE		
	Signature, typed or printed name of registered agent a	The live is opposite to	Registered Ag	ent signature re	equired when reinstating)	S/CHANGES TO O		ID DIRECTO	RS IN 12
12.	, OFFICERS AND			<del>.                                    </del>	ADDITION	3/OTANGES TO O	T TOLING AN	Change	Addition
TITLE	CCD	☐ DELETE	1.1 TITLE					Chounião	
NAME	ADAMS, ALICE		1.2 NAME		:			•	
STREET ADDRESS	22365 SW 112 PLACE		1.3 STRE	ET ADORESS	9	, ,			
CITY-ST-ZIP	MIAMI FL 33170		1.4 CITY-						
TITLE	CD	<b>☆</b> DELETE	2.1 TITLE		CD			Change     Ch	Addition
NAME	ANDREW, ERNEST T	•	2.2 NAM	E	GREER, TEI	) JR		*	
STREET ADDRESS	16242 SW 99TH PLACE		2.3 STRE	ET ADDRESS	9771 S.W	. 216th T	ERR		
CITY-ST-ZIP	MIAMI FL 33157		2. 4 CITY	-ST-ZIP	GOULDS, F	և <b>,</b> 33190			<u> </u>
TITLE	TD	X DELETE	3.1 TITLE		TD	rem	k.	Change	Addition
NAME	GREER, TED J		3.2 NAME	E	BROUSSAR	D,BARBARA	L	1.5	•
STREET ADDRESS	17401 S.W. 84TH CT		3.3 STRE	ET ADDRESS	14841 PI	ERCE STRE	ET	. •	
CITY-ST-ZIP	MIAMI FL		3.4. CITY	-ST-ZIP	MIAMI, FL	.33176			·
TITLE	S	▼ DELETE	4.1 TITLE		S			Change	Addition
NAME	BROUSSARD, BARBARA		4. 2 NAM	IE		,EVELYN E	3		
STREET ADDRESS	14841 PIERCE AVE.		4.3 STR	ET ADDRESS		167th ST			,
CITY-ST-ZIP	MIAMI FL	_	4.4 CITY	-ST-ZIP	MIAMI,FL	. 33157			
TITLE	D	X DELETE	5.1 TFTLE		D	<u> </u>		Change	Addition
NAME	BENNETT, EVELYN		5.2 NAM	E	WILLIAMS	, CHARLES	$\cdot \mathbf{L}$ .		
STREET ADDRESS	9760 SW 167TH STREET		5.3 STRE	ET ADDRESS	10720 S.	W. 218th	STREE'	$\mathbf{T}$	
	MIAMI FL 33157		5.4 CITY	-ST-ZIP	GOULDS, F		•		
CTTY-ST-ZIP	MINTER 1 L 00101	☐ DELETE	6.1 TITLE			<del></del>	·	☐ Change	Addition
- NAME		<b>— -</b> - · · ·	6.2 NAM	E	<b>!</b>			,	
			6.3 STRE	ET ADDRESS	بالمستول	·-··			
STREET ADDRESS			6.4 C/TY		•				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for			Lin Section 119 07/3	(i) Florida Statutes	1 further cel	rtify that the in	formation

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 chapter 6, or on an attachment with an address, with all other like empowered.