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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000243

1. Corporation Name

CHOSEN GENERATION MINISTRIES CHURCH OF GOD, INC.

Principal Place of Business

940 CALIPH STREET
OPA LOCKA FL 33054

Mailing Address

940 CALIPH STREET
OPA LOCKA FL 33054



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/27/1951	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0766973	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent

PETERSON, JOHN LEE JR.
940 CALIPH STREET
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

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

FL

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

TITLE	P	☐ DELETE
NAME	PETERSON, JOHN LEE JR.	
STREET ADDRESS	901 SALIH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	T	☐ DELETE
NAME	IRENE HAYES	
STREET ADDRESS	1079 NW 61ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	JESSE HAYES	
STREET ADDRESS	1019 NW 61ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☒ DELETE
NAME	ROLAND SMITH	
STREET ADDRESS	1310 NW 173RD TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	FRANICS, PHILIP	
STREET ADDRESS	920 SALIH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:

John Lee Jr. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)