## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000002640 (1)

PENTECOSTAL REFUGE TEMPLE OF JESUS CHRIST, INC.

Principal Place of Business

14430 NE 14TH AVE

Mailing Address

14430 NE 14TH AVE

97 OCT 27 PM 12: 04

HE 10/28



ORTH MIAMI FL 33161	NORTH MIAMI FL 33161		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 06/08/1993	3a. Date of Last Report 03/28/1996	
Principal Place of Business 14430 N.E. 14th AVE	2a. Mailing Address 26 14430 N.E. 1	4th AVE	4. FEI Number 65-0416162	Applied For Not Applicable	
Sulte, Apt. #, etc. NONE	Suite, Apt. #, etc. 27 NONE	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State NORTH MIAMI FLA	City & State NORTH MIAMI	FLA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25 U.S.A.	Zip Country  8. This corporation owes or has paid the current year Intangible  29 33161  30 U.S.A. Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
OLOOPHOD 41 OAD		81 Name	NONE		
O'CONNOR, LLOYD 1446 NE 146 STREET NORTH MIAMI FL 33161		82 Street Address (P.O. Box Number is Not Acceptable) NONE			
		83	NONE		
		84 City	NONE	FL 85 Zip Code	
<ol><li>Pursuant to the provisions of Sections 617.0502</li></ol>	and 617.1508, Florida Statutes, the a	bove-named corp	oration submits this statement for the pu	urpose of changing its registered	

				NONE_				
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 wild, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signative, typed or prior of name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating)  DATE  O'CONNOR, LLOYD (PASTER) 10-22-97  (NOTE: Registered Agent signature regulated when reinstating)								
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 12			
TITLE	\$	DELETE	1.1 TITLE		☐ Change ☐ Addition			
NAME	JONES, INGRID	!	1.2 NAME					
STREET ADDRESS	1446 NE 146TH AVE	1	1.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY-ST-ZIP	NONE				
TITLE	V	DELETE	2.1 TITLE		Change Addition			
NAME	O'CONNOR, ZONA	1	2.2 NAME	None	J			
STREET ADDRESS	1446 NE 146TH AVE	1	2.3 STREET ADDRESS	NONE				
CITY-ST-ZIP	NORTH MIAMI FL 33161		2. 4 CITY-ST-ZIP					
TITLE	PD	DELETE	3.1 TITLE	40000				
NAME	O'CONNOR, LLOYD	1	3.2 NAME	<b>  -1</b> 0	//29/97 <del></del> 01099UU/			
STREET ADDRESS	1446 NE 146TH AVE	1	3.3 STREET ADDRESS	米米	1/29/9701099007 *** <b>29%.60</b> ****245.00			
CITY-ST-ZIP	NÖRTH MIAMI FL 33161		3.4. CITY-ST-ZIP	NONE				
TITLE	1	DELETE	4.1 TITLE		Change Addition			
NAME	O'CONNOR, DINKINISH	1	4. 2 NAME					
STREET ADDRESS	1446 NE 146TH AVE	1	4.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI FL 33161		4.4 CITY - ST - ZIP	NONE				
TITLE	D	DELETE	5.1 TITLE		Change Addition			
NAME	O'CONNOR, ERROL	1	5.2 NAME					
STREET ADDRESS	14428 NE 14TH AVE	1	5.3 STREET ADDRESS					
CITY-ST-ZIP	N MIAMI FL		5.4 CITY-ST-ZIP	NONE				
TITLE	D	DELETE	6.1 TITLE		Change Addition			
NAME	MCKENZIE, FLORY B		6.2 NAME					
STREET ADDRESS	14428 NE 14TH AVE	1	6.3 STREET ADDRESS		,			
CUTY OT THE	N MANAMIFI	, , , , , , , , , , , , , , , , , , ,	CACITY CT 7ID	NONE.				

14. Ido hereby certify that the information supplied with this fiting 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.

(3C5)