

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002640 (1)

1. Corporation Name

PENTECOSTAL REFUGE TEMPLE OF JESUS CHRIST, INC.



Principal Place of Business

Mailing Address

14430 NE 14TH AVE  
NORTH MIAMI FL 33161

14430 NE 14TH AVE  
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified

06/08/1993

4. FEI Number

65-0416162

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

O'CONNOR, LLOYD  
1446 NE 146 STREET  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME JONES, INGRID  
STREET ADDRESS 1446 NE 146TH AVE  
CITY-ST-ZIP NORTH MIAMI FL 33161

DELETE

1.1 TITLE  
1.2 NAME B. THOMAS  
1.3 STREET ADDRESS 14428 N.E. 14 AVE  
1.4 CITY-ST-ZIP NORTH MIAMI, FL

Change

Addition

TITLE V  
NAME O'CONNOR, ZONA  
STREET ADDRESS 1446 NE 146TH AVE  
CITY-ST-ZIP NORTH MIAMI FL 33161

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

TITLE PD  
NAME O'CONNOR, LLOYD  
STREET ADDRESS 1446 NE 146TH AVE  
CITY-ST-ZIP NORTH MIAMI FL 33161

DELETE

3.1 TITLE  
3.2 NAME V. THOMAS  
3.3 STREET ADDRESS 14428 N.E. 14 AVE  
3.4 CITY-ST-ZIP NORTH MIAMI FL

Change

Addition

TITLE T  
NAME O'CONNOR, DINKINISH  
STREET ADDRESS 1446 NE 146TH AVE  
CITY-ST-ZIP NORTH MIAMI FL 33161

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME O'CONNOR, ERROL  
STREET ADDRESS 14428 NE 14TH AVE  
CITY-ST-ZIP N MIAMI FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME MCKENZIE, FLORY B  
STREET ADDRESS 14428 NE 14TH AVE  
CITY-ST-ZIP N MIAMI FL

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

12. 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:

*L. O'Connor* PRESIDENT

11/2/98

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CR2E037 (10/97)