

FILE NOW: FILING FEE IS \$61.25

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Oct 07 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 # N 93000003806  
1. Corporation Name  
The Gospel Truth Pentecostal Church, Inc

Principal Place of Business: 212 S.W. Le Ave, Homestead, Fla 33030  
Mailing Address: P.O. Box 900928, Homestead, Fla 33030

3. Date Incorporated or Qualified: 08/18/1993

4. FEI Number: # 65-0491395  
Applied For: Not Applicable

21. Principal Place of Business: 212 S.W. Le Ave, Suite, Apt. #, etc.

2a. Mailing Address: P.O. Box 900928, Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

22. City & State: Homestead, Fla

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7. Is this nonprofit corporation a homeowners association?  Yes  No

23. Zip: 33030, Country: Dade

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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: Julius L. Riley, 29340 S.W. 152 Ave, Homestead, Fla 33033

10. Name and Address of New Registered Agent: Julius L. Riley, 15540 Harrison Drive, Leisure City, Fla FL 33033

11. Pursuant to the provisions of Sections 617.0307 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: Julius L. Riley (Title PD) 9/27/98

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: Riley, Julius L.	STREET ADDRESS: 29340 S.W. 152 Ave	CITY-ST-ZIP: Homestead, Fla 33033	<input type="checkbox"/> DELETE
TITLE: SD	NAME: Riley, Connie	STREET ADDRESS: 684 N.W. 9th St	CITY-ST-ZIP: Florida City, Fla 33034	<input type="checkbox"/> DELETE
TITLE: TD	NAME: SIMMONS, Willie	STREET ADDRESS: 11383 SW 227 terr	CITY-ST-ZIP: Gould, Fla 33170	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PD	NAME: Riley, Julius L.	STREET ADDRESS: 15540 Harrison Drive	CITY-ST-ZIP: Leisure City, Fla 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VD	NAME: Newton, Willie	STREET ADDRESS: 10719 SW 225 St	CITY-ST-ZIP: Gould, Fla 33170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: SD	NAME: Aisha Griffith	STREET ADDRESS: 249 N.E. 12th Ave	CITY-ST-ZIP: Homestead, Fla 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: TD	NAME: Rich, JoAnn A	STREET ADDRESS: 10759 S.W. 226 St	CITY-ST-ZIP: Gould, Fla 33170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JoAnn A Rich 9/27/98 (305) 238-4874

CR2E037 (10/97)