

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 RESTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 21 1997 8:00am
Secretary of State

DOCUMENT # N93000004665 (6)

1. Corporation Name

CHURCH OF ALPHA AND OMEGA HOUSE OF PRAYER FOR ALL
THE PEOPLE OF GOD INC.

Principal Place of Business

Mailing Address

18800 N.W. 2ND AVE.
ROOM 207
MIAMI FL 33269

P.O. BOX 683118
MIAMI FL 33269-0118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1993 3a. Date of Last Report 02/16/1996

4. FEI Number 65-0445356 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDORE, MOLIERE PASTOR
18135 N.W. 42ND PLACE
OPA LOCKA FL 33055

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIDORE, MOLIERE
STREET ADDRESS 18135 NW 42ND PLACE
CITY-ST-ZIP OPA LOCKA FL 33055

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME ~~Yvette~~ ~~Ridore~~ Molieré Ridore
1.3 STREET ADDRESS 18135 NW 42nd PL
1.4 CITY-ST-ZIP opalocka Florida 33055

TITLE VSTD
NAME RIDORE, YOLETTE
STREET ADDRESS 18135 NW 42ND PLACE
CITY-ST-ZIP OPA LOCKA FL 33055

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Yvette Tr 18135 NW 42nd PL
2.3 STREET ADDRESS 18135 NW 42nd PL
2.4 CITY-ST-ZIP opalocka FL 33055

TITLE TD
NAME BALTHAZAR, IRMA
STREET ADDRESS 188 ST 06 1ST CT
CITY-ST-ZIP MIAMI FL 33269

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Georges Charles
3.3 STREET ADDRESS 6781 Meade St
3.4 CITY-ST-ZIP Hollywood FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Patricia Sylvain
4.3 STREET ADDRESS 2649 W Riviera Dr
4.4 CITY-ST-ZIP Miramar Florida 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Michele Charles
5.3 STREET ADDRESS 6781 Meade St
5.4 CITY-ST-ZIP Hollywood, Florida 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Ernest Sylvain
6.3 STREET ADDRESS 2649 W Riviera Dr
6.4 CITY-ST-ZIP Miramar Florida 33023

14. I do 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

SIGNATURE REQUIRED

Yvette Ridore 8/21/97 (305) 620 8540

CR2E037 (4/97)