FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FILED FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

DOCUMENT # N9400003540 (1)								~			
I AM THAT I AM CHURCH, INC.											
Principal Place of Business Mailing Address									iii i iilli tiiii i		
20 PERSHING PL 20 PERSHING PLACE							Date Incorporated or Qualified	<u> </u>		 	
ORLANDO FL 3	32905	ORLANDO FL 32805 US				07/14/1994					
00		00				4.	FEI Number		A	pplied For	
Principal Place of Business 2a. Mailing Address							59-3299766		N	ot Applicable	
	race of Business	2a. Mailing Address	—			5.	Certificate of Status Desired			Additional	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			- 6	Election Campaign Financing			equired		
22	., •	27				Trust Fund Contribution	П	\$5.00 Added 1			
City & Stat	e	City & State				Is this nonprofit corporation a	homeowne				
23		28				Yes No					
Zip	Country	Zip	Co	untry	,	8.	This corporation owes or has p	oaid the cu	rrent year In	tangible	
24	25 29 29 9. Name and Address of Current Register		30				Personal Property Tax due June 30. 🔲 Yes 🖫 🕏				
		04		10.	Name and Address of New F	legistered	Agent				
				81	Name						
FITZGERALD, CHARLES				82 Street Addre			O. Box Number is Not Accept	able)			
20 PERSHING PLACE ORLANDO FL 32805				83							
				84	City		 		85 Zip	Code .	
					-			<u>FL</u>	.] `		
11. Pursuant office or ragent. La	to the provisions of Sections 617.05 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 617.1508, Florida State of Florida. Such change was nations of. Section 617.0503. I	utes, the a s authorize Florida Sta	bove d by tutes	e-named co the corpor	orporation ration's bo	submits this statement for the pard of directors. I hereby acc	purpose of ept the app	if changing i pointment as	ts registered registered	
SIGNATURE .											
12.				Registered Agent signature require			reinstating) DDITIONS/CHANGES TO OFF	DATE	DIPECTO	20 INI 10	
TITLE	D OFFICERS AIN	DELETE		13.			DDITIONO/CHANGES TO OFF	ICENS AN	☐ Change	Addition	
NAME	FITZGERALD, CHARLES				1.2 NAME				پورستان ہے		
STREET ADDRESS	20 PERSHING PLACE				1,3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL	DI ANDO EI		1.4 CITY-ST-ZIP							
TITLE	D			TLE					Change	Addition	
NAME	FITZGERALD, HANNAH 22		2.2 N	2.2 NAME							
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS						ļ	
CITY-ST-ZIP	COLUMN CO		2.40	2. 4 CITY-ST-ZIP							
TITLE	•		3.1 ≀⊓	3.1 TITLE					Change	Addition .	
NAME	LOVETT, MARY LOUISE			AME						ľ	
STREET ADDRESS	4182 BOOKER STREET			3.3 STREET ADDRESS							
CITY-ST-ZIP				3.4. CITY-ST-ZIP						- 1	
TITLE	D	4		4.1 TITLE					Change	Addition	
NAME	LOVETT, FERNELL		4.21		1					İ	
STREET ADDRESS	4182 BOOKER STREET				ADDRESS						
CITY-ST-ZIP	ORLANDO FL	Drieve		TY-\$	T-ZIP				1.05	I ladre-	
TITLE	D FADY DEPOA	☐ DELETE	5.1 Ti		ļ				Change	Addition	
NAME	EADY, DEBRA		5.2 N			•					
STREET ADDRESS	4182 BOOKER STREET				ADDRESS						
CITY-ST-ZIP TITLE				TY-SI	I-ZIP				Change	Addition	
1	d Wrath, Katherine		6.1 TI 6.2 N						L. Greenye	CT MORION	
NAME STREET ADDRESS	1617 W. CENTRAL BLVD., #6	107			ADDRESS						
CITY-ST-ZIP ORLANDO FL					EET ADDRESS '-ST-ZIP						
OH I TOLTAIF	VINDRIDO I C		0.4 (-)	11-0	- 415						

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.