

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000497 (6)**

1. Corporation Name

LILY OF THE VALLEY APOSTOLIC CHURCH, INC.



Principal Place of Business

10843 A N.W. 27 AVE
MIAMI FL 33167

Mailing Address

10843 A N.W. 27 AVE
MIAMI FL 33167

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **P.O. Box 69-3159**

27 Suite, Apt. #, etc.

28 **Miami FL.**

29 Zip

33269

30 Country

U.S.A.

4. FEI Number

65-0515980

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**SADDLER, TONY
10843 A N.W. 27 AVE
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81 Name

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

83

200001869562

84 City

**-06/20/96--01044--025
***70.00 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 officer 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

Tony Saddler

Tony Saddler

5/15/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SADDLER, TONY	
STREET ADDRESS	14525 N.W. 13 AVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	SADDLER, CARLENE C	
STREET ADDRESS	14525 N.W. 13 AVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MATTIS, JOYCELINE	
STREET ADDRESS	301 N.W. 105TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATTIS, LAVERN M	
STREET ADDRESS	155 N.E. 191ST ST	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOAN	
STREET ADDRESS	2766 N.W. 194TH TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	*T Tony Saddler
1.3 STREET ADDRESS	P.O. Box 69-3159 N/A 301 N.W. 105 ST.
1.4 CITY-ST-ZIP	Miami, FL. 33269 Miami, FL. 33150
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	*T Carlene C. Saddler
2.3 STREET ADDRESS	P.O. Box 69-3159 N/A 301 N.W. 105 ST
2.4 CITY-ST-ZIP	Miami, FL. 33269 Miami, FL. 33150
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	*T Joyceline Mattis
3.3 STREET ADDRESS	301 N.W. 105th St.
3.4 CITY-ST-ZIP	Miami, FL. 33150
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	*S Lavern M. Mattis
4.3 STREET ADDRESS	155 N.E. 191 St.
4.4 CITY-ST-ZIP	North Miami, FL. 33179
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T Joan Williams
5.3 STREET ADDRESS	2766 N.W. 194 Terr
5.4 CITY-ST-ZIP	Miami, FL. 33056
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	*D Joycelyn Casimir
6.3 STREET ADDRESS	155 N.E. 65 ST.
6.4 CITY-ST-ZIP	Miami, FL. 33138

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Tony Saddler* **Tony Saddler**

5/15/96

(305) 754-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(754) 992-2290 Beeper

CR2E037 (12/95)