SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT QUE ON OR BEFORE 9/17/97: \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name N95000000497 (6)

LILY OF THE VALLEY APOSTOLIC CHURCH, INC.

Principal	Place	of Bu	siness

10843 A N.W. 27 A MIAM! FL 33167

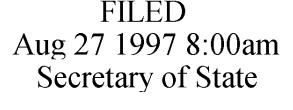
Principal Place

21

22

23 Zip 24

CITY-ST-ZIP



nolpal Place of Business Mailing Address					1 FEBRUARI DIE TREET BEHI BERH BERH BERH BEHIN BEHN BEHN DEUTS DIE HEND HANN HOER BERH			
		PO BOX 69-3159 MIAMI FL 33269			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report 06/20/1996		
26 Suite, Apt. #, etc. 27		2a. Mailing Address			4. FEI Number		Applied For	
		26				65-0515980		Not Applicable
		——————————————————————————————————————	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required		
		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	30 Cou	intry		This corporation owes or has pained Personal Property Tax due June	30. [Yes No
9.	Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Reg	pistered	Agent
				81	Name T	onv Saddler		
SADDLER, TO 10843 A N.W.				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 331				83	<u></u>			
				84	City P	embroke Pines	FL	85 Zip Code 33025
office or registe	ered agent, or both, in the S	0502 and 617.1508, Florida S tate of Florida, Such change v bligations of, Section 617.050	vas authorized	d by	 named corporation 	ration submits this statement for the pon's board of directors. I hereby accep	urpose of the app	f changing its registered pointment as registered

11. Pursuant to the office or region agent. I am for the second s **SIGNATURE** gent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE SADDLER, TONY NAME 1.2 NAME 301 NW 105TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SADDLER, CARLENE C 2.2 NAME 0030 S.W. 844 St. 301 NW 105TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33150 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition Addition TITLE NAME MATTIS, JOYCELINE 3.2 NAME 301 NW 105TH ST. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change David Williams 2766 N.W. 194 Terroce NAME MATTIS, LAVERN M 4.2 NAME 155 NE 191 ST. STREET ADDRESS 4.3 STREET ADDRESS Miami, FL. 33056 N. MIAMI FL 33179 4.4 City+St-7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **CASIMIR, JOYCELYN** NAME 5.2 NAME STREET ADDRESS 155 NE 191 ST. **5.3 STREET ADDRESS** N. MIAMI FL 33179 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME WILLIAMS, JOAN 6.2 NAME 2766 NW 194 TERRACE STREET ADDRESS 6.3 STREET ADDRESS **MIAMI FL 33056**

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 c