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FILED  
Jun 25 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 # N95000000497 (6)  
1. Corporation Name

LILY OF THE VALLEY APOSTOLIC CHURCH, INC.



Principal Place of Business

Mailing Address

10843 A N.W. 27 AVE  
MIAMI FL 33167

PO BOX 69-3159  
MIAMI FL 33269

3. Date Incorporated or Qualified

01/27/1995

4. FEI Number

65-0515980

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

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

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

SADDLER, TONY  
10030 SW 8TH ST  
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

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

TITLE  DELETE

NAME SADDLER, TONY  
STREET ADDRESS 10030 SW 8TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE  DELETE

NAME SADDLER, CARLENE C  
STREET ADDRESS 10030 SW 8TH ST  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE  DELETE

NAME MATTIS, JOYCELINE  
STREET ADDRESS 301 NW 105TH ST.  
CITY-ST-ZIP MIAMI FL 33150

TITLE  DELETE

NAME WILLIAMS, DAVID  
STREET ADDRESS 2786 NW 194 TERR  
CITY-ST-ZIP MIAMI FL

TITLE  DELETE

NAME WILLIAMS, JOAN  
STREET ADDRESS 2786 NW 194 TERRACE  
CITY-ST-ZIP MIAMI FL 33056

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Tony Saddler* Tony Saddler, Vice (804) 677-2811

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