

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002047 (7)**

1. Corporation Name

**THE CHURCH OF GOD WORLD FELLOWSHIP INC.**



Principal Place of Business <b>3145 N.W. 168TH TERRACE CHURCH OFFICE MIAMI FL 33066</b>	Mailing Address <b>3145 N.W. 168TH TERRACE CHURCH OFFICE MIAMI FL 33056-4368</b>
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3. Date Incorporated or Qualified <b>04/28/1995</b>	3a. Date of Last Report <b>12/02/1996</b>
4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WALLEN, FREDERICK BISHOP  
19601 N.W. 7 CT.  
MIAMI FL 33169**

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WALLEN, FREDERICK BISHOP</b>
STREET ADDRESS	<b>19601 N.W. 7TH CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33169</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WALLEN, MURTE</b>
STREET ADDRESS	<b>19601 N.W. 7TH CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33169</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALLEN, LESLIE</b>
STREET ADDRESS	<b>1688 N.W. 147TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33181</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROOMFIELD, RETILDA</b>
STREET ADDRESS	<b>2286 N.W. 58TH AVE.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOLA BROWN</b>
STREET ADDRESS	<b>14620 NW 15 DRIVE</b>
CITY-ST-ZIP	<b>MIAMI Fla 33167</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>LESLIE WALLEN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RESIGNED. 12/29/96</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>700002126417</b>
6.3 STREET ADDRESS	<b>-03/27/97--01109--011</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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: \_\_\_\_\_ **REQUIRED** *S. Wallen* 3/19/97 305. 652 2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000383

CR2E037 (9/96)