

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Sep 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 33056</b>	Mailing Address <b>3145 N.W. 168TH TERRACE CHURCH OFFICE MIAMI FL 33056</b>
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3. Date Incorporated or Qualified <b>04/28/1995</b>	
4. FEI Number <b>65-0153246</b> <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 Country	28 Zip Country
25	29
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	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 \_\_\_\_\_ (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 type="checkbox"/> DELETE
NAME	<b>BROWN, LOLA</b>
STREET ADDRESS	<b>14620 NW 15 DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33167</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROOMFIELD, RETILDA</b>
STREET ADDRESS	<b>2286 N.W. 56TH AVE.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	
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: *SP. Adkins, A. Wallen* 1-19-98 3051652 9722

CP2E037 (10/97)