

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000004252 (1)

1. Corporation Name

TRUE WORSHIP APOSTOLIC FAITH INC.

Principal Place of Business

5301 NW 17TH AVE
MIAMI FL 33142

Mailing Address

1662 NW 152 TERR.
MIAMI FL 33054

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

65-0803063

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

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

COLLIER, KENNETH C SR
1662 BW 152 TERR.
MIAMI FL 33054

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 DP
NAME COLLIER, KENNETH C SR
STREET ADDRESS 1808 NW 51ST ST
CITY-ST-ZIP MIAMI FL 33142

☐ DELETE

TITLE DV
NAME MCKINNEY, KELSON
STREET ADDRESS 7750 NW 14TH COURT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DST
NAME COLLIER, SHONDA D
STREET ADDRESS 1808 NW 51ST ST
CITY-ST-ZIP MIAMI FL 33142

☐ DELETE

TITLE D
NAME PRYCE, MARY
STREET ADDRESS 800 NW 197 TERR.
CITY-ST-ZIP MIAMI FL 33169

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Kenneth C. Collier SR
1.3 STREET ADDRESS 1662 N.W 152 Terr
1.4 CITY-ST-ZIP Miami FL 33054

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE Secretary
3.2 NAME Shonda D Collier
3.3 STREET ADDRESS 1662 N.W 152 Terr
3.4 CITY-ST-ZIP Miami FL 33054

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE Treasurer
5.2 NAME Lisa Benjamin
5.3 STREET ADDRESS 1662 N.W 152 Terr
5.4 CITY-ST-ZIP Miami FL 33054

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Kenneth Collier pres. 7-2-98 305-945-7225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 08 1998 8:00am
Secretary of State

