

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90129 029 ****61.25

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1. Corporation Name

**BELIEVER'S TEMPLE OF CHRIST FULL GOSPEL CHURCH,
INC.**

Principal Place of Business

3100 N.W. 95TH ST.
MIAMI FL 33147

Mailing Address

5435 N.W. 182ND ST.
OPA LOCKA FL 33055



2. Principal Place of Business

21 **6027 NW 32nd Avenue**

2a. Mailing Address

Suite, Apt. #, etc.

22

27

23 **Miami, FL**

City & State

28

24 **33142** 25 **USA**

Zip

29

Country

30

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

APPLIED FOR 65 0637138

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

9. Name and Address of Current Registered Agent

**THOMAS, WILLIE A
5435 NW 182 ST
MIAMI FL 33055**

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 **CD**
STREET ADDRESS **THOMAS, WILLIE A**
CITY-ST-ZIP **5435 NW 182 ST**
MIAMI FL 33055

TITLE ☐ DELETE
NAME **TT**
STREET ADDRESS **ANDREWS, NELSON**
CITY-ST-ZIP **13000 W GOLF DR**
MIAMI FL 33167

TITLE ☐ DELETE
NAME **AFS**
STREET ADDRESS **SMITH, ATTIE**
CITY-ST-ZIP **3871 N.W. 172ND TERR**
MIAMI FL 33055

TITLE ☐ DELETE
NAME **FST**
STREET ADDRESS **MCCULLOUGH, NASHEBA**
CITY-ST-ZIP **2927 NW 192ND LANE**
MIAMI FL 33056

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FERGUSON, VALERIE I**
CITY-ST-ZIP **130 NW 193 ST**
MIAMI FL 33169

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)