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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000417

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. 192ND ST.
OPA LOCKA FL 33055



2. Principal Place of Business

21 6027 NW 22nd Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/24/1996

22 City & State

23 Miami, FL

27 City & State

28 Zip Country

24 33142 25 USA

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

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

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

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

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

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

TITLE
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-(11/98)