


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																								
DOCUMENT # N96000001713 (4) 1. Corporation Name CHURCH OF GOD TRIANGLE HOPE MINISTRY, INC.																										
Principal Place of Business 1981 LINCOLN AVENUE MIAMI FL 33054		Mailing Address 1981 LINCOLN AVENUE MIAMI FL 33054-2874																								
2. Principal Place of Business 21		2a. Mailing Address 26																								
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																								
City & State 23		City & State 28																								
Zip 24	Country 25	Zip 29	Country 30																							
9. Name and Address of Current Registered Agent JONES, TYRONE VAN REV 3801 SW 31ST STREET HOLLYWOOD FL 33023		10. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> <tr> <td>85 Zip Code</td> <td></td> </tr> </table>		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL	85 Zip Code														
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																								
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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: <u>Arlington Ferguson, Jr.</u> REQUIRED Signature and typed or printed name of signing officer or director Date Daytime Phone # 0024970																										



CR2E037 (9/96)

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