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FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90082 005 \*\*\*\*61.25

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N96000001713

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



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified 03/29/1996
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FEI Number 65-0176608
23	City & State	27	City & State		Applied For Not Applicable
24	Zip	28	Zip	5	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T WEECH, VERNAL REV 801 SW 138TH AVENUE, PLYMOUTH E 201 PEMBROKE PINES FL 33027	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T LANIER, DIKE MIN 3510 N.W. 206TH STREET OPA-LOCKA FL 33056	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T ST CLOUD, JEAN DEACON 332 NW 187 STREET MIAMI FL 33169	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T STIRRUP, ROBERT 751 CURTISS DRIVE OPA-LOCKA FL 33054	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TT FERGUSON, JR., ARLINGTON 3110 N.W. 211TH STREET OPA-LOCKA FL 33056	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TT CARSWELL, TURNER 2431 N.W. 170TH STREET OPA-LOCKA FL 33055	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Arlington Ferguson, Jr. DATE: 2/18/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)