FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

City & Chata

Suite, Apt. #, etc.

26

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

20521 NW 25TH AVENUE OPA LOCKA FL 33055

Suite, Apt. #, etc.

SIGNATURE:

21

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600002148 (2)

THE WELCOMING MINISTRY, INC.

Mailing Address

20521 NW 25TH AVENUE
OPA LOCKA FL 33055

0410 14006

4. FEI Number

04/19/1996

65-0737290

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FILED

Feb 16 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

(305)624-1048

Jan. 23, 98

Not Applicable

Country Zip	23	28						7. Is this nonprofit corporation a homeowners association?		
Personal Property Tax due June 30. Yes No.		Country			Country		,	8. This corporation owes or has paid the current year intangible		
HEPBURN, EARDLEY A 20521 NW 25TH AVENUE OPA LOCKA FL 33055 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 registerer agent. I be provisions and accept the obligations of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer agent. I be provision or registered agent, or both, in the State of Florida. Such closurge was enthroised by the corporation's board of directors. I hereby accept the appointment as registerer agent. I smaller with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature with and accept the obligations of, Section 617 0503, Florida Statutes. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE 2.1 TITLE PD DELETE 2.1 TITLE PD DELETE 2.1 TITLE PD DELETE 2.1 TITLE PD DELETE 3.1 TITLE PD DELETE	24		25	29	30			Personal Property Tax due June 30. Yes No		
HEPBURN, EARDLEY A 20521 NW 25TH AVENUE OPA LOCKA FL 33055 B4 City FL B5 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 agont. I am familiar with, and accept the obtigations of, Section 617.0503, Florida Statutes, SIGNATURE Silvature hyped to provisions of registered agont, or both, in the State of Florida. Such change was sutherized by the corporation's board of directors. I hereby accept the appointment as registered agont. I am familiar with, and accept the obtigations of, Section 617.0503, Florida Statutes. SIGNATURE Silvature hyped to provide famor of registered agont and tilled increased. OFFICERS AND DIRECTORS 11. TITLE PD DELETE 1.1. TITLE PD DELETE 1.1. TITLE PD DELETE 1.1. TITLE PD DELETE 2.1. TITLE PD DELETE 3.1. TITLE PD DE								10. Name and Address of New Registered Agent		
20521 NW 25TH AVENUE OPA LOCKA FL 33055 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 agent. I am familiar with, and accept the objection 617.0503, Florida Statutes. SIGNATURE Signature required degree, 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 age						81	Name			
OPA LOCKA FL 33055 B4 City FL B8 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 register of agent, in 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, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature. Signature of registered agent and title if afgricable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 1.11TILE HEPBURN, EARDLEY A STREET ADDRESS CITY-S1-2P OPA LOCKA FL 33055 14.CITY-S1-2P OPA LOCKA FL 33055 14.CITY-S1-2P OPA LOCKA FL 33055 22 NAME STREET ADDRESS OTY-S1-2P OPA LOCKA FL 33055 24.CITY-S1-2P OPA LOCKA FL 33055 33.STREET ADDRESS OTY-S1-2P OPA LOCKA FL 33055 34.CITY-S1-2P OPA LOCKA FL 33055 14.CITY-S1-2P OPA LOCKA FL 33055 44.CITY-S1-2P OPA LOCKA FL 33055 44.CITY-S1-2P OPA LOCKA FL 33055 15.CITY-S1-2P OPA LOCKA FL 33055 16.CITY-S1-2P OPA LOCKA FL 33055 17.ELETE SD OPA LOCKA FL 33055 18.CITY-S1-2P OPA LOCKA FL 33055 18.CITY-S1-2P	20521 NW 25TH AVENUE						82 Street Address (P.O. Box Number is Not Acceptable)			
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 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, and familiar with, and accept the obtigations of. Section 617 0503, Florida Statutes. SIGNATURE Signature Signature injured or provide have of registered agent and tile if spryicable. (NOTE Registered Agent signature required when relicitating) DAYE							83			
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 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE Signature imprised accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature imprised accept the appointment as registered agent and still a spricable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD	OI A	LOOK I L S	<i>3</i> 033							
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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 suppligmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the	14. I here indic	eby certify that t ated on this ann	he information supplie rual report or suppliem	d with this filing does not ental annual report is true	t qualify for the and accurat	e exemp e and th	ition state at my sig	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am en		

Eardley A. Hepburn