NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600002148 1. Corporation Name

THE WELCOMING MINISTRY, INC.

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90260 021 ****61.25

Principal Place	e of Business	Mailing Address	Mailing Address						
20521 NW 25TH AVENUE OPA LOCKA FL 33055		20521 NW 25TH AVENUE OPA LOCKA FL 33055	20521 NW 25TH AVENUE						
2. Principal P	lace of Business	2a. Mailing Address				3. Date incorporated or Qualifed 04/19/1996			
21	4	26 Suito Ast # sts	Suite, Apt. #, etc.			4. FEI Number		Appl	lied For
Suite, Apt.	#, etc.	27				65-0737290			Applicable
City & State			City & State					\$8.75 Ad	
23		 	28			5. Certifcate of Status Desired		Fee Req	uired
Zip	Country	Zip	Countr	гу		6. Election Campaign Financing		\$5.00 M	lay Be
24	25	29 30]			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curre	ent Registered Agent		~		10. Name and Address of New	Registe	red Agent	
			8	1 Naı	ne			-	
HEPBURN		82 Street Addr			ss (P.O. Box Number is Not Accep	table)			
	25TH AVENUE		L						
	KA FL 33055		8	3		•			
			8	4 City	/		.	FL 85 Zip Co	ode
11 Durguant	to the provisions of Sections 617.05	502 and 617 1508 Florida Statutes.	the abo	ve-nam	ned corpo:	ration submits this statement for th	e numos	e of changing its re	egistered
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autho	onzea o	v the c	orporation	n's board of directors. I hereby acco	ept the a	ppointment as regi	stered
SIGNATURE					 		DAT	_	\
12.	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Reg NDD DIRECTORS	13.	ent signa	rue required	when reinstating) ADDITIONS/CHANGES TO O			S IN 12
TITLE	PD	DELETE	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	☐ Change	Addition
NAME	HEPBURN, EARDLEY A		1.2 NAME						
STREET ADDRESS	20521 NW 25TH AVENUE			ET ADDR	FSS				
	OPA LOCKA FL 33055		1.4 CITY-			,	•	*	1
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE					. Change	Addition
NAME	HEPBURN, CLIFTON	_	2.2 NAME	<u> </u>					
STREET ADDRESS	20521 NW 25TH AVENUE			ET ADDR	ESS	-		•	•
	OPA LOCKA FL 33055		2. 4 CITY						,
CITY-ST-ZIP TITLE	TD	☐ DELETE	31 TITLE					☐ Change	Addition
NAME	HEPBURN, GLORIA L		3.2 NAME			•		•	- -
STREET ADDRESS	CATAL AND ACTUL ANTHUK			ET ADDR	ESS			*	}
CITY-ST-ZIP	OPA LOCKA FL 33055		3.4. CITY						
TITLE	SD	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	HEPBURN, MERLINE L		4. 2 NAM	E				•	1
STREET ADDRESS	20521 NW 25TH AVENUE		4.3 STRE	ET ADDR	ESS]
CITY-ST-ZIP	OPA LOCKA FL 33055		4.4 CITY-	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	•				☐ Change	☐ Addition
NAME			5.2 NAME	E					.
STREET ADDRESS			5.3 STRE	ET ADDR	ESS				.]
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP			.*-	·	
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME	E					j
STREET ADDRESS			6.3 STRE	ET ADDR	ES\$				}
l	· •		0.4000/	AT TIP	ı				

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