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FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002641 (6)

1. Corporation Name

THEE UNLIMITED OUTREACH, MINISTRIES, AND APOCALY  
PSE CHURCH, INC.



Principal Place of Business

Mailing Address

3120 PEMBROKE RD  
BAYS #233 AND #234  
HALLANDALE FL 33009  
US

P.O. BOX 4816  
HOLLYWOOD FL 33063

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

65-0674447

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

□ Yes

XX No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

□ Yes

XX No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAIRSTON, DIANNE M  
3120 PEMBROKE RD  
BAYS #233 AND #234  
HALLANDALE FL 33009

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DUNN, VICTOR REV  
STREET ADDRESS 3120 PEMBROKE RD  
CITY-ST-ZIP HALLANDALE FL 33009

□ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE TD  
NAME HAIRSTON, JAMES D  
STREET ADDRESS 3120 PEMBROKE RD  
CITY-ST-ZIP HALLANDALE FL 33009

□ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE SD  
NAME HAIRSTON, DIANNE M  
STREET ADDRESS 3120 PEMBROKE RD  
CITY-ST-ZIP HALLANDALE FL 33009

□ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

□ Change

□ Addition

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.

SIGNATURE

CR2E037 (10/97)