FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N96000004002 (9)

UNITED TEMPLE OF GOD MINISTRIES, INC.

Principal Place of Business Mailing Ad			dress					ili odini delili delli delli	JOHN HAT (CE)
545 NW 9TH A FORT LAUDERD	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	545 NW 9TH AVENUE FORT LAUDERDALE FL 33311-8148							
							3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last	Report
	Place of Business	— <u> </u>	2a. Mailing Address				4. FEI Number	0	Applied For
Suite, Apt	# ntc	Suite, Apt. #, etc.					65-068421.		Not Applicable
22	π, οι ο	<u>├</u> ──	27				5. Certificate of Status Desired	4.5	Additional Regulred
City & Stat	le	City & State					6. Election Campaign Financing	···	O May Be
23		28					Trust Fund Contribution		d to Fees
Zip	Country		Zip Co.		ntry		8. This corporation has liability for in		в. 199.032,
24	25 9. Name and Address of Current R		29 30				Florida Statutes Yes You No. 10. Name and Address of New Registered Agent		
	8. House and Address of Out	Aut Habisteren W	April		81	Name	10. Name and Address of New Heg	Istered Agent	
JONES, ALONZO B JR.				L					
5351 NW 12TH ST.			82 S			Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
LAUDERHILL FL 33313					83				
					84	City		85 Zir	o Code
44 5			w	i		•			
office or r	to the provisions of Sections 617.0 registered agent, or both, in the Sta	502 and 617.1508, ate of Florida. Such	Florida Statute change was a	s, the ab uthorized	ove-r	named corporation	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing	its registered
agent 12	im familiar with, and accept the ob	ligations of, Section	617.0503, Flo	rida Statu	ites.		one and a control of the property and a control of the control of	ino appointment a	a reflictored
SIGNATURE	Signature typed or printed name of registered	soort and title if prelicable	A GLOTE	. Baalataaa		-/	d when reinstating)	*	***
12.		ND DIRECTORS	e. (NOTE	13.	Agent	eidustra tedrike	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	DBS IN 12
TITLE	PD		DELETE	1.1 111	LĒ			Change	
NAME	JONES, ALONZO B JR.			1.2 NAM	ME				
STREET ADDRESS	5351 NW 12TH ST.			1.3 STR	REET AC	DDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33313		,	1.4 CITY-ST-ZIP		ZIP			
TITLE	SD		☐ DEL e te	2.1 TITLE				☐ Change	Addition
NAME	ROUNDTREE, YOLAND			2.2 NAM	VE				
STREET ADDRESS	535 NW 18TH AVE. FT. LAUDERDALE FL 33311			2.3 STR					
CITY - ST - ZIP TITLE	ASD		DELETE	2. 4 CIT 3.1 TITL		ZIP		T 25	
NAME	JONES, KAREN		OLLLIE	3,2 NAME				Change	Addition
STREET ADDRESS	5351 NW 12TH ST.			3.3 STR		ADDECC			
CITY-ST-ZIP	LAUDERHILL FL 33313			3.4. CIT					
TITLE	TD		DELETE	4.1 TITL		-		Change	Addition
NAME	POWELL, CLARE			4.2 NA	ME			the contract of	head 1420(101)
STREET ADDRESS	80 NW 29TH AVE.			4.3 STR		DDRESS		100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			4.4 CITY			. '		
TITLE			DELETE	5.1 TITL				☐ Change	☐ Addition
NAME				5.2 NAV	AE				
STREET ADDRESS				5.3 STRI	EET AD	XORESS			
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Dritze	5.4 CITY		ZIP			
TITLE		·	DELETE	6.1 TITU				☐ Change	Addition
NAME				6.2 NAM	AE .	1			

appears in Block 12 or Block

STREET ADDRESS

CITY - ST- ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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