## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N96000004061 (5)

CIRCLE, CHURCH OF OUR LORD JESUS CHRIST OF THE A POSTOLIC FAITH, INC.

## **FILED** Feb 20 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address	3		1			
8500 SW 57TH COURT S. MIAMI FL 33143		6500 SW 57TH COURT S. MIAMI FL 33143-3683					
	•			3. Date Incorporated or 06/02/1996	Qualified 3	a. Date of Last	Report
2. Principal Place of Business	2a. Mailing Addi	ress		4. FEI Number	l	V	Applied For
21	26						Not Applicable
Suite, Apt. #. etc	Suite, Apt. #	, etc.		5. Cartificate of Status C	Seekend	\$8.7	lenoitibhA
City & State	City & State	}		6. Election Campaign I	inancing	\$5.0	O May Be
23	28		·····	Trust Fund Contribu		Add	ed to Fees
Zip Countr	´ ├ '		Country	8. This corporation has			or s. 199.032
24 25 25 Added	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30		Florida Statutes  10. Name and Address	May Danie		
g, Name and Addre	iss of Current Registered Agent	·	81 Nam		O HOW HOUSE	rates whent	
IELIZALIA PI ADDIE			(3)				
JENKINS, FLORRIE			82 Stre	et Address (P.O. Box Number is N	ot Acceptable)		
6500 SW 57TH COURT			83			····	
S. MIAMI FL 33143							····
•			84 City			FL   85   Z	ip Code
11. Pursuant to the provisions of Sec	tions 617,0502 and 617,1508. Flor	rida Statutes, the	e above-nam	ed corporation submits this statem	ent for the purp	ose of changin	a its registered
office or registered agent, or both	n, in the State of Florida. Such cha ept the obligations of, Section 61	ange was author	rized by the c	corporation's board of directors. I h	ereby accept the	ne appointment	as registered
•	ept the obligations of, Section on	7.0003, Florida a	Statutes.				
CICNIATIONS							·····
SIGNATURE Signature Typed or printed name	e of registered agent and title if applicable.	(NOTE: Regis	stered Agent signa	ture required when reinstating)		DATE	
Signature typed or printed name	e of registered agent and title if applicable.  OFFICERS AND DIRECTORS		stered Agent signa 13.	ature required when reinstating) ADDITIONS/CHANGE			ORS IN 12
Signature typed or printed name	FFICERS AND DIRECTORS	Ti		ADDITIONS/CHANGE			
Signature typed or printed name  12. O	FFICERS AND DIRECTORS	DELETE 1	13.	ADDITIONS/CHANGE (T)		S AND DIRECT	
Signature typed or printed name  12. C	FFICERS AND DIRECTORS	DELETE 1	13. 1.1 TITLE	ADDITIONS/CHANGE (T) JENKINS, RUFUS	S TO OFFICER	S AND DIRECT	
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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 or tam 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.