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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005072 (1)**

1. Corporation Name

MISSIONS OF GOD, INC.

Principal Place of Business

Mailing Address

**WORSHIP & HELPING NEEDY
19711 SW 117TH CT
MIAMI FL 33177
US**

**19711 SW 117TH CTT
MIAMI FL 33177
US**

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 19711 SW 117th Ct

26 19711 SW 117th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami Fla.

28 Miami Fla.

Zip

Country

Zip

Country

24 33177

25 US

29 33177

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERGUSON, ALVA
19711 SW 117 CT
MIAMI FL 33177**

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 **P** ☐ DELETE

NAME **FERGUSON, ALVA**
STREET ADDRESS **19711 SW 117 CT**
CITY - ST - ZIP **MIAMI FL 33177**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE

NAME **FERGUSON, WELLINGTON**
STREET ADDRESS **19711 SW 117 CT**
CITY - ST - ZIP **MIAMI FL 33177**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE

NAME **SPENCE, GLORIA**
STREET ADDRESS **2351 NW 92ND ST**
CITY - ST - ZIP **MIAMI FL 33147**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE

NAME **FERGUSON, SHERELLE**
STREET ADDRESS **19711 SW 117 CT**
CITY - ST - ZIP **MIAMI FL 33177**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE

NAME **DAVIS, CHARMAINE**
STREET ADDRESS **2351 NW 92ND ST**
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE

NAME **LANDREA, MABLE**
STREET ADDRESS **19711 SW 117 CT**
CITY - ST - ZIP **MIAMI FL 33177**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

SIGNATURE REQUIRED

4-4-98 35 696-8685

CR2E037 (10/97)