FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morinam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N96000005849 (2)

CHURCH OF GOD HOLINESS UNTO THE LORD, INC.

FILED Feb 27 1997 8:00am Secretary of State



| | | | | ļ | | | | |
|---------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------|-----------------------------|---------------------------------------|----------------------------------------------|---------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | | * ************************************* | | |
| 2206 FUNSTON STREET HOLLYWOOD FL 33020 | | 2206 FUNSTON STREET HOLLYWOOD FL 33020-5851 | | | | | | |
| | | | f | | | 3. Date Incorporated or Qualified 11/25/1996 | 3a. Date of Last | Report |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | - [] | Applied For |
| 21 | | 26 | | | 65-071173 | | lot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional Required |
| City & State |] | City & State | City & State | | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing | | D May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation has liability for in | ntangible tax under | s. 199.032, |
| 24 | 25 | | 30 | | | | Yes No | |
| | 9. Name and Address of Currer | nt Registered Agent | | - | | 10. Name and Address of New Reg | istered Agent | |
| 7 | | | | 81 | Name | | | |
| HARRIS, | | | 82 Street A | | Street Addres | s (P.O. Box Number is Not Acceptable | е) | |
| | IDMAN STREET | • | l | 83 | | | | |
| HULLYW | OOD FL 33020 | | | | | | | |
| | | | | 64 | City | | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 617.050 | 2 and 617.1508. Florida Statute | s. the al | bove- | named corpor | ration submits this statement for the p | rroose of changing | its registered |
| office or r agent. I a | egistered agent, or both, in the State m familiar with, and accept the oblig | of Florida. Such change was a ations of, Section 617.0503, Flo | uthorize rida Stat | d by lutes. | the corporation | n's board of directors. I hereby accep | t the appointment a | is registered |
| SIGNATURE _ | Signature, typed or printed name of registered ago | ant and little if anolicable (NOTE | Registerer | d Anen | t signature required | When reinstation | DATE | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | - agrada toqua | ADDITIONS/CHANGES TO OFFIC | | DRS IN 12 |
| TITLE | D | DELETE | 1.1 Tf | TLE | | | Change | Addition |
| NAME | Francis, Albert e | | 1.2 N | AME | | | | |
| STREET ADDRESS | 2206 FUNSTON STREET | | 1.3 \$ | | NDORESS | | | |
| CITY-S1-ZIP | HOLLYWOOD FL 33020 | | 1.4 CI | TY-ST | - ZIP | | | |
| TITLE | | | 2.1 TI | 2.1 TITLE | | | L. Change | Addition |
| NAME | , 102.000, 120 | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-7IP | HOLLYWOOD FL 33020 | | | 2.4 CHY-SY-ZIP 3.1 TITLE | | | Change | Addition |
| TITLE | D Gonzales, Jose | L DELETE | 3.1 32 N | - | | | L., Change | Addition |
| NAME STREET ADDRESS | 1615 SOUTH 14TH AVE #2 | | | | VDO RESS | | | |
| | HOLLYWOOD FL 33020 | | | ITY-ST | | | | |
| CITY-ST-ZIP | TIOLETTIOOD TE GOOD | DELETE | 411 | | 1-24 | | Change | Addition |
| NAME | | | 4.2 | | | | | |
| STREET ADDRESS | | | 1 1 | ĺ | ADORESS . | | | |
| CITY-ST-ZIP | | | 4.40 | TY-ST | - ZIP | | | |
| TITLE | | ☐ DELETE | 51 T | FLE | | | Change | Addition |
| NAME | | | 5.2 N | ME | ļ | | | |
| STREET ADDRESS | | | 5.3 S | REET A | NDORESS | | | |
| CITY - ST - ZIP | | | | TY-ST | - ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 T | [] | | | Change | Addition |
| NAME | | | 6.2 N | l | l | | | |
| STREET ADDRESS | | | | | ADORESS . | | | |
| CITY-ST-ZIP | h. and h. that the information execute | ad with this filing doos not avalid | | Y-\$1 | | Section 110 07/3/6) Florido Contra | I further negit a | 11 tho |
| 14. I do here | by certify that the information supplie | supplemental appual report is to | y IVI IIII | | Pate and that m | n Section 119.07(3)(i), Florida Statutes | offeet as it made a | at UTB |

I am an officer or director of the corporation or the receiver or trustee empowered to secute 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: + Rev. 4 Wises

à-4-97

954-922-2861