

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90047 045 \*\*\*\*61.25

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**DOCUMENT # N96000005929**

1. Corporation Name

**PATMOS ALLIANCE CHURCH, INC.**

Principal Place of Business

3901 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33309

Mailing Address

3901 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33309

465732 - 90047 - 45



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

65-0710083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**PREMIER MANAGEMENT COMPANY**  
**1437 NE 4TH AVE.**  
**FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

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

*John R. Smith, Secretary of Premier Management Co.*

4-27-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME **D CHARLES, TALES**  
STREET ADDRESS **3901 N. ANDREWS AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D CENORD, ROLAND**  
STREET ADDRESS **3901 N. ANDREWS AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D JOSEPH, LEONCE**  
STREET ADDRESS **3901 N. ANDREWS AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D MARY, ETIENNE J**  
STREET ADDRESS **3901 N. ANDREWS AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D DAGOBERT, LUCIEN**  
STREET ADDRESS **3901 N. ANDREWS AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME **D MONTOUR, PETER**  
STREET ADDRESS **3901 N. ANDREWS AVE.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Tals...* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)