FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State
06-22-1999 90010 015 ****61.25

DOCUMENT # N97000000627 (6)

1. Corporation Name

ELLA W. COBBS MINISTRIES (E.W.C.), INC.

Principal Place of Business	Mailing Address
1020 SW 96TH AVE PEMBROKE PINES FL 33025	1020 SW 96TH AVE PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified: 02/03/1997

4. FEI Number: ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 81 Bahman Avenue	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Opa Locka, FL 33054	28 City & State
24 Zip: 33054 25 Country: U.S	29 Zip 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COBBS, ELLA W 1020 SW 96TH AVE PEMBROKE PINES FL 33025	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX ☐ DELETE	1.1 TITLE	PD	XX☒ Change ☐ Addition
NAME	COBBS, ELLA W		1.2 NAME	COBBS, ELLA W.	
STREET ADDRESS	1020 SW 96TH AVE		1.3 STREET ADDRESS	81 Bahman Avenue	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		1.4 CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE	SD	XX ☐ DELETE	2.1 TITLE	SD	XXX☒ Change ☐ Addition
NAME	COBBS, ERNEST		2.2 NAME	COBBS, ERNEST	
STREET ADDRESS	1020 SW 96TH AVE		2.3 STREET ADDRESS	81 Bahman Avenue	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		2.4 CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	X☒ Change ☐ Addition
NAME	WASHINGTON, CRAIG		3.2 NAME	WASHINGTON, CRAIG	
STREET ADDRESS	1020 SW 96TH AVE		3.3 STREET ADDRESS	81 Bahman Avenue	
CITY-ST-ZIP	PEMBROKE PINES FL 33025		3.4 CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE	D	☐ DELETE			☐ Change ☐ Addition
NAME	GRANT, ZERONIE N		4.2 NAME		
STREET ADDRESS	8430 E DIXIE HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33025		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Ella W. Cobbs 3/31/99 (305) 687-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)

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