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May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N97000001067 (4)**  
1. Corporation Name  
**PENTECOSTAL TABERNACLE OF NORTH MIAMI INC**



Principal Place of Business Mailing Address  
P.O. BOX 693576 MIAMI FL 33269 P.O. BOX 693576 MIAMI FL 33269

3. Date Incorporated or Qualified  
**07/08/1996**

4. FEI Number  
**65-0696000**

Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **647 NW 183rd Street** 28  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
**Miami, Florida** 28  
23 Zip Country 29 Zip Country  
**33169** 25 29 30

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  
**STEWART, ROBERT S  
1271 NW 175 TERRACE  
MIAMI FL 33169**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, NEVILLE</b>	
STREET ADDRESS	<b>10210 SW 168TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKENZIE, RALSTON</b>	
STREET ADDRESS	<b>13650 SW 17TH CT</b>	
CITY-ST-ZIP	<b>MIRIMAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, VIN</b>	
STREET ADDRESS	<b>10260 SW 12 ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, JENNIFER</b>	
STREET ADDRESS	<b>1271 NW 175 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, SYDNEY R</b>	
STREET ADDRESS	<b>1271 NW 175 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 \_\_\_\_\_

CR2E037 (10/97)