SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Jul 29 1998 8:00am

| ANNU | IAL REPORT | | Secretary DIVISION OF C | | Secretary of State |
|---|---|----------------------------|----------------------------|--------------------------------|---|
| DOCUMENT # N9700001301 (7) | | | | | |
| UNITED (AMAR, IN | | SUS CHRIST (AF | OSTOLIC) OF MI | R | |
| Principal Place | e of Business | Ma | alling Address | | i realiter are retti reali aeris deris deris deris deris faiet traca tini acidi fiet reer |
| 3978 NW 36TH WAY LAUDERDALE LAKES FL 33309 LAUDERDALE LAKES FL 33309 | | | | 309 | 3. Date Incorporated or Qualified 03/07/1997 4. FEI Number 65 - 0735694 Applied For Not Applicable |
| - | ace of Business | 2a. | Mailing Address | | 5. Certificate of Status Desired \$8.75 Additional |
| Suite, Apt. | #. etc. | 26 | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be |
| 22 | , | 27 | | | Trust Fund Contribution Added to Fees |
| City & State | 9 | 28 | City & State | | 7. Is this nonprofit corporation a homeowners association? Yes No |
| Zip | Count | | Zip | Country | 8. This corporation owes or has paid the current year Intancible |
| 24 | 25 | 29 | | 30 | Personal Property Tax due June 30. Yes No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name 1 | | | | | |
| CAEADO 1 | MICHAELC | | | M: | Chacl C. (ACARS |
| | | | | 100 | Address (P.O. Box Number is Not Acceptable) |
| HOMSTEAD FL 83030 | | | | 83 C | te 20A |
| 94 000 | | | | | DE Zin 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 abligations of, section 617.0503, Florida Statutes. | | | | | |
| | n familiar with, and icc | ept the obligations of, | section 617.0503, Florid | CAFARO | 7/9/198 |
| SIGNATURE. | Signature, typed or printed name | | | E: Registered Agent eighalu | re required when reinstating) DATE |
| 12. | | OFFICERS AND DIRE | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 1 | PD | EDWADD | DELETE | 1.1 TITLE 1.2 NAME | Change Maddition |
| | Taylor, George 39 78 NW 36TH WA | | | 1.3 STREET ADDRESS | J. DALLY |
| CITY-ST-ZIP | LAUDERDALE LAKE | | _ | 1.4 CITY-ST-ZIP | 3978 NW 36 WAY FL. 33309 |
| | VPD | | LELETE | 2.1 TITLE | Change Addition |
| | TAYLOR, GLORIA N | MAUDE | , | 2.2 NAME | |
| | 8978 NW 36TH WA | | | 2.3 STREET ADDRESS | |
| | LAUDERDALE LAKE | S FL 33309 | | 2.4 CITY-ST-ZIP | |
| | SD | | DELETE | 3.1 TITLE | Change Addition |
| | KERR, MARIA E | v | | 3.2 NAME 3.3 STREET ADDRESS | |
| | 2032 NW 55TH WA LAUDERHILL FL 33 | | | 3.4 CITY-ST-ZIP | |
| | TD | 313 | DELETE | 4.1 TITLE | D Change Addition |
| 1 | BLAGROVE, IVY | | E DECETE | 4.2 NAME | DAPHRY Thomas |
| | 2032 NW 55TH WA | ·Υ | | 4.3 STREET ADDRESS | 3978 NW 36 WM |
| CITY-ST-ZIP | LAUDERHILL FL 33 | 313 | | 4.4 CITY-ST-ZIP | LAUDREDAIR LAKES, F1. 33309 |
| TITLE | D | | DELETE | 5.1 TITLE | Change Addition |
| | COOPER, MYRTELL | | | 5.2 NAME | |
| | 490 NE 157TH TER | | | 5.3 STREET ADDRESS | ļ |
| CITY-ST-ZIP TITLE | NORTH MIAMI BEA | UN FL 33162 | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | D Change ☐ Addition |
| 1 | d Baptise, Dumah | | TAL DETELE | 6.2 NAME | SANCRA RIVET 3978 NW 36 WAY |
| | 3200 NW 18TH STI | RFFT | | 6.3 STREET ADDRESS | 3978 NW 36 WAY |
| CITY-ST-ZIP | FORT LAUDERDALL | E FL 33311 | | | n section 119.07(3)(i). Florida Statutes. I further dertify that the information |
| 14. I hereby o | artify that the information | on supplied with this fill | a does not qualify for th | e exemption stated I | n section 119.07(3)(I). Florida Statutes, I further dertify that the information |

Indicated on this annual report or supplied with this fining does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further dertify 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: _

Rev. E. G. TANJOR 7/9 48 (954) 484-3463

BIONATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

Date

Date

Description Phone #