

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 SEP 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001301

1. Corporation Name

UNITED CHURCH OF JESUS CHRIST (APOSTOLIC) OF MIR
AMAR, INC.

Principal Place of Business

3978 NW 36TH WAY
LAUDERDALE LAKES FL 33309

Mailing Address

3978 NW 36TH WAY
LAUDERDALE LAKES FL 33309



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/07/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0735694	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

CACARO, MICHAEL C.
100 NE 15TH ST
STE 204
HOMSTEAD FL 33032

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TAYLOR, GEORGE EDWARD	1.2 NAME	
STREET ADDRESS	3978 NW 36TH WAY	1.3 STREET ADDRESS	200003006272--1
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	1.4 CITY-ST-ZIP	-10/05/99--01094--014
TITLE	VPO	2.1 TITLE	*****61.25
NAME	TAYLOR, GLORIA MAUDE	2.2 NAME	*****61.25
STREET ADDRESS	3978 NW 36TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	KERR, MARIA E	3.2 NAME	
STREET ADDRESS	2032 NW 55TH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DAILY, J.	4.2 NAME	
STREET ADDRESS	3978 NW 36TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COOPER, MYRTLELLA	5.2 NAME	
STREET ADDRESS	490 NE 157TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	THOMAS, DAPHNY	6.2 NAME	
STREET ADDRESS	3978 NW 36TH WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	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:

George E. Taylor, R. E. Taylor

Date

Daytime Phone #

9/24/99

CR2E037 (5/99)