

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).

FILED

Jul 29 1998 8:00am
Secretary of State

0005795

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|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N97000001340 (5)

1. Corporation Name

FULL FIRE TABERNACLE OF LOVE AND HOLINESS MINISTRIES INC.

Principal Place of Business

Mailing Address

14510 N.W. 7TH AVENUE
NORTH MIAMI FL 33168

14510 N.W. 7TH AVENUE
NORTH MIAMI FL 33168

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

65-0777138

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

NELSON, LIONEL
8731 N.W. 15TH AVENUE
MIAMI FL 33147

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NELSON, LIONEL
STREET ADDRESS 8731 N.W. 15TH AVENUE
CITY-ST-ZIP MIAMI FL 33147

TITLE SD ☒ DELETE

NAME DURANTE, BETTY
STREET ADDRESS 8731 N.W. 15TH AVENUE
CITY-ST-ZIP MIAMI FL 33147

TITLE VPD ☒ DELETE

NAME FIELDS, SHAD
STREET ADDRESS 130 N.E. 175TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE TD ☒ DELETE

NAME FIELDS, GERALDINE
STREET ADDRESS 130 N.E. 175TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 STD DOROTHY HARRELL

2.3 STREET ADDRESS 1036 NW 66 ST

2.4 CITY-ST-ZIP MIAMI FL 33160

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VPD ARTRICE R. NELSON

3.3 STREET ADDRESS 8731 NW 15 AVE

3.4 CITY-ST-ZIP MIAMI FLA 33147

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIONEL NELSON 7.5.98 (305) 652-7717

Date

Daytime Phone #

CR2E037 (5/98)