NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N97000001466 (8)

1. Corporation Name

THE WORD OF GOD CHURCH CORPORATION

Principal Place of Business

19121 N.W. 42ND COURT
MIAMI FL 33055

Mailing Address

19121 N.W. 42ND COURT
MIAMI FL 33055

2. Principal Place of Business

21 | 19121 NW 42 Ct
Suite, Apt. #, etc.
22 |
City & State
23 | CAROL CITY
Zip
24 | 33055
Country
25 | DADE

3. Mailing Address

26 | SAME
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip
29 |
Country
30 |

4. Date Incorporated or Qualified
03/06/1997

5. FEI Number ✓ Applied For / Not Applicable

6. Certificate of Status Desired ✓ $8.75 Additional Fee Required

7. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. Is this nonprofit corporation a homeowners association? ✓ Yes [ ] No

9. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes [ ] No

10. Name and Address of Current Registered Agent

LAZARRE, WILFRID
19121 N.W. 42ND COURT
MIAMI FL 33055

11. 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 Section 617.0502 or 617.1508, Florida Statutes, the above named corporation submits the 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 617.0505, Florida Statutes.

SIGNATURE
Name of Registered Agent (Typed or Printed)
Registered Agent Signature (required for new or changed agent)
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	LAZARRE, WILFRID	
STREET ADDRESS	19121 N.W. 42ND COURT	
CITY ST ZIP	MIAMI FL 33055	
TITLE	DS	[ ] DELETE
NAME	CORNELLE, ARMIDI	
STREET ADDRESS	15901 N.W. 18TH COURT	
CITY ST ZIP	MIAMI FL 33055	
TITLE	DV	[ ] DELETE
NAME	JOSEPH, LADY	
STREET ADDRESS	3300 GARNET ROAD	
CITY ST ZIP	MIRIMAR FL 33162	
TITLE	DT	[ ] DELETE
NAME	MARCIA, DORSINVILLE	
STREET ADDRESS	19121 N.W. 42ND COURT	
CITY ST ZIP	MIAMI FL 33055	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

13. 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 this 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: WILFRID LAZARRE
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR
Date: 09-26-98
Daytime Phone #