FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700001466

1. Corporation Name

THE WORD OF GOD CHURCH CORPORATION

Principal Place of Business
19121 N.W. 42ND COURT CAROL CITY FL 33055
US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

19121 N.W. 42ND COURT CAROL CITY FL 33055

3. Date Incorporated or Qualifed

	# 10141 16071 #0111 04111		

04-26-1999 90199 036 ****61.25

21		26					03/0	6/19 9 7				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_				umber			Apj:	lied For
22		27					appi	LIED FOR			No:	Applicable
City & Stat	te	City & State					Cartif	ate of Status Desired			-	dditional
23		28					Cermi	ale of Status Desired		F	e Re	luired
Zip	Country	Zip	Count	iry		6.	Election	on Campaign Financing	; _□			May Be
24	25	29	30					Fund Contribution			ided to	Fees
	9. Name and Address of Currer	nt Registered Agent				10.	Name	and Address of New	Registered	Agent		
			8	31	Name							}
LAZARRE,	WII FRID		8	32	Street Ad	idress (P	.O. Bo	Number is Not Accep	otable)			
	W. 42ND COURT											
MIAMI FL			8	33								ţ
mo an i c	00000		١.	34	City					85	Zip C	ode
			ľ	•	City				FL	. "	Lip C	
11. Pursuant	to the provisions of Sections 617.050	22 and 617.1508, Florida State	ites, the abo	ve-	named co	orporation	subm	ts this statement for th	e purpose of	changi	ng its	egistered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized t	y ti	ne corpora	ation's bo	ard of	directors. I hereby acc	ept the appoi	ntment	as re(Istered
-3	in familial with, and a scept the obliga	mona di, bodicii o i 7.0000, i -	Orida Didioi									
SIGNATURE	Signature, typed or printed name of registered age	n and title if applicable (NO	E. Registered A	gent	signature requ	uired when re	einstating		DATE			
12.		ID DIRECTORS	13.				ADDIT	ONS/CHANGES TO O	FFICERS AN	ND DIRE	СТО	
TITLE	DP	☐ DELETE	1,1 1111.6	E						Ch	ange	☐ Addition
NAME	LAZARRE, WILFRID		1.2 NAM	E								}
STREET ADDRESS	AGAGA NIME AGNID COURT		1.3 STRE	EET/	ADDRESS							[
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY	-ST-	.ZIP							
TITLE	DS	☐ DELETE	2.1 TITLE	 E						Ch	ange	☐ Addition
NAME	CORNEILLE, ARMIDE		2.2 NAM	E								
STREET ADDRESS	ARRAGANIA ANTIL COURT		2.3 STR	EET/	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33055		2.4 CITY	r-ST	-ZiP							}
TITLE	DV	☐ DELETE	3.1 TITLE					·		Ch	ange	Addition
NAME	JOSEPH, LADY		3.2 NAM	E								
STREET ADDRESS	ARAN CARNIET DOAD		3.3 STR	EET/	ADDRESS							Ì
CITY-ST-ZIP	MIRIMAR FL 33162		34. CITY									
TITLE	DT	☐ DELETE	4.1 TITLE							Ch	ange	☐ Addition
NAME	MARCIA, DORSINVILLE		4. 2 NAM									1
STREET ADDRESS	40404 41114 40110 001107				ADDRESS							
}	MIAMI FL 33055		4.4 CITY									ļ
CITY-ST-ZIP	MICHIEF COOOS	DELETE	5.1 TITLI		=-+-					[] Ch	ange	Addition
NAME			5.2 NAM									
}			5.3 STRI	EET/	ADDRESS							}
STREET ADDRESS	1		5.4 CITY									
TITLE		☐ DELETE	6.1 TITLI							Ch	ange	Addition
			-		1						-	II.

Theretry certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0'(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.

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP