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NONPBORTS
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Snoretary et State

DIVISION OF CORPORATIONS....

FILED

Feb 10 1998 8:00am

Secretary of State

RECENTION OF A CONTROL OF A CON

DOCUMENT # N9700001736 (4)

SOUL SAVING CHURCH OF GOD CORPORATION

Principal Place of Business Mailing Address							i andriimi dim ibiis indisi adsit dalit dibiis	Ant Barbo hiant hoods hinta buil odal
806 NW 111TH ST MIAMI FL 33147			806 NW	806 NW 111TH ST			3. Date Incorporated or Qualified	
			MIAMI F	L 33147			.03/28/1997	
							4. FEI Number	Applied For
							52-20372911	Not Applicable
2. Principal F	lace of Busin	1668	2a. Ma	iling Address	·-·		5. Certificate of Status Desired	\$8.75 Additional
21			26				- Commode St States Position	Fee Required
Suite, Apt.	#, etc.		⊢	Suite, Apt. #, etc.			Election Campaign Financing	\$5.00 May Be
City & Stat			27	City & State			Trust Fund Contribution	Added to Fees
23	•		— — <i>'</i>	28			7. Is this nonprofit corporation a homeo	
Zip Country				Zip Country			8. This corporation owes or has paid th	
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 Registe	ered Agent
					8	1 Name		
WILLIAMS, WILBUR 806 NW 111TH ST					Ē	Street A	Address (P.O. Box Number is Not Acceptable)	
Miam i Fi	L 33147				18	3		
					8	4 City		FL 85 Zip Code
11. Pursuant	to the provisi	ons of Sections 617	0502 and 617 1	508. Florida Stati	utes, the ehr	ve-named	cornoration submits this statement for the nurne	ase of changing its registered
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.								
		III, and accept the o		ur Willia		7	1 - h	-9 g
SIGNATURE .	Signature, typed	or printed name of registers		licable. (NC	TE: Registered A	gent signature	required when reinslating) Do	ATE ATE
12.		OFFICERS	AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PT	_	D	DELETE	1.1 TiTL			Change Addition
NAME		s, wilbur —			1.2 NAM	E j		
STREET ADDRESS 1585 NW 103RD ST APT 171			71	,	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL	. 33147		DELETE	1.4 CITY		<u> </u>	De Charan I Addition
TITLE	V	O O A A MILET		UELETE	2.1 TiTLI	1	5/ 1 1 1 have - 0	P Change ☐ Addition
NAME CTREET ADDRESS I		s, samuel Baba ave			2.2 NAM		Shapor williams - D 1588 N. W. 103 87	_
STREET ADDRESS CITY-ST-ZIP	MIAMI FL					ET ADDRESS '-ST-ZIP	1000 NAME 100 07	
TITLE	S	<u>'</u>		DELETE	3.1 TITLE		Sepana De Levis	Change 3 Addition
NAME	•	S, CAROLYN	D	_	3.2 NAM	S/	JeBRIVA Smiley D	, K
STREET ADDRESS		72ND ST			3.3 STRE	ET ADDRESS	241 MW 1778	4.
CITY-ST-ZIP	MIAMI FL				3.4. CiTY	'-ST-ZIP	· Mans Fla. 3305	
TITLE				DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAM	BE		
STREET ADDRESS					4.3 STRE	ET ADDRESS		
CITY-ST-ZIP					4.4 CITY			
TITLE				DELETE	5.1 TAYLE	- 1		☐ Change ☐ Addition
NAME					5.2 NAM			25 198
STREET ADDRESS						ET ADDRESS		1827/01.
CITY-ST-ZIP				☐ DELETE	5.4 CITY			Change Addition
TITLE				- OLLEGE	6.1 TITLE 6.2 NAM			Change Addition
NAME STREET ADDRESS								0,211,00
STREET ADDRESS					6.3 STHE	et address		1 hr87.1. 7Cl

14. Thereby 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.

SIGNATURE: USUMWINGTON TO STATE T