

NONPROFIT
CORPORATION
ANNUAL REPORT
1999 **(L)**



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

FILED
Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90001 016 ****61.25

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1. Corporation Name

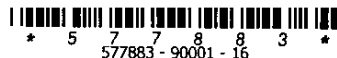
Soul Saving Church of God Corp

Principal Place of Business

2180 NW 112 ST.

Mailing Address

**2180 NW 102 ST
Miami Fla
33147**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

3-97

4. FEI Number

52-2037274

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**Wilbur Williams
2180 NW 102 ST
Miami Fla. 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 ☐ DELETE

NAME **Sabrina Smiley**

STREET ADDRESS **291 N.W. 177th #219**

CITY-ST-ZIP **MIAMI, FL 33119**

TITLE ☐ DELETE

NAME **CAROLYN BARNETTE**

STREET ADDRESS **7155 N.W. 21st**

CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ DELETE

NAME **Sharon Williams**

STREET ADDRESS **2180 N.W. 102 ST**

CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ DELETE

NAME **Wilbur Williams**

STREET ADDRESS **2180 N.W. 102 ST**

CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **SABRINA Smiley**

1.3 STREET ADDRESS **291 N.W. 177th #219**

1.4 CITY-ST-ZIP **MIAMI, FL 33119**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **CAROLYN BARNETTE**

2.3 STREET ADDRESS **7155 N.W. 21st**

2.4 CITY-ST-ZIP **MIAMI, FL 33147**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **SHARON Williams**

3.3 STREET ADDRESS **2180 N.W. 102 ST**

3.4 CITY-ST-ZIP **MIAMI, FL 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)(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: **Wilbur Williams** **Wilbur Williams** **5-24-99** **305 891 9595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)