


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

Oct 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001818**  
1. Corporation Name

**PEARLY GATE 7th DAY CHURCH OF JESUS CHRIST,  
INC.**

Principal Place of Business	Mailing Address
<b>3465 NW 43rd PL. Ft. Lauderdale, FL 33309 US</b>	<b>3465 NW 43rd PL. Ft. Lauderdale, FL 33309</b>

3. Date Incorporated or Qualified  
**3/31/97**

4. FEI Number <b>65-0739924</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**Venard Smith  
3465 NW 43rd PL.  
Ft. Lauderdale, FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	<input type="checkbox"/> DELETE
NAME	SMITH, VENARD	
STREET ADDRESS	3465 NW 43rd PL.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SMITH, DAPHNE	
STREET ADDRESS	3465 NW 43rd PL.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MARSHA	
STREET ADDRESS	3465 NW 43rd PL	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CHARLOTTE	
STREET ADDRESS	1061 NW 75th AVE.	
CITY-ST-ZIP	Plantation, FL 33313	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DT
3.3 STREET ADDRESS	CHRISTIAN, MICHAEL
3.4 CITY-ST-ZIP	3465 NW 43rd PL. Ft. Lauderdale, FL 33309
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	000002656530
5.4 CITY-ST-ZIP	-10/06/98--01026--010
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***61.25
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.

SIGNATURE: *Venard Smith* Venard Smith-President 8-18-98 954/731-8103

CR2E037 (5/98)