05171999-90049-002-$61.25-$61.25

**FILED**
**May 17, 1999 8:00 am**
**Secretary of State**
05-17-1999 90049 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

573103 - 90028 - 7

DOCUMENT # N97000002097

1. Corporation Name
Belle Glade Seventh Day Church of God INC., N97000002097

Principal Place of Business
Belle Glade Fl

Mailing Address
630 South main st
Belle Glade Fl
33430

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 | 26 | April 11th 1997 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65 0752 733 ☐ Applied For ☑ Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

Rudley E Blackwood
475 S Paulie Ct
Lk. P B 33415

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE V. | IVY Jackson Vice ☑ DELETE | 1.1 TITLE Vice | URIAH Brearcliffe ☐ Change ☐ Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | 821 29 st | 1.3 STREET ADDRESS | 4675 Orleans Ct D |
| CITY-ST-ZIP | W.P.B 33407 | 1.4 CITY-ST-ZIP | W.P.B Fl 33415 |
| TITLE Asst V. | Calvin Jackson ☑ DELETE | 2.1 TITLE Asst V. | Deacon Samuel Morrinson ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | 821 29 st | 2.3 STREET ADDRESS | 101 SE Ave M D |
| CITY-ST-ZIP | W.P.B 33407 | 2.4 CITY-ST-ZIP | Belle Glade Fl 33430 |
| TITLE TREASURER | ☐ DELETE | 3.1 TITLE TREASURER | June Morrinson ☐ Change ☐ Addition |
| NAME | Joan Blackwood | 3.2 NAME | |
| STREET ADDRESS | 475 S Paulie ct | 3.3 STREET ADDRESS | 101 SE Ave M. |
| CITY-ST-ZIP | Lk. P. B 33415 | 3.4 CITY-ST-ZIP | Belle Glade Fl 33430 |
| TITLE | ☐ DELETE | 4.1 TITLE Board member | Theresa Jones ☐ Change ☑ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2029 Dock St D |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | W.P.B Fl 33401 |
| TITLE | ☐ DELETE | 5.1 TITLE Board member | Joan Blackwood ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 475 S Paulie ct |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Lk. P. B 33415 |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

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:** Rudley E Blackwood Rudley E Blackwood 4-29-99 561 4349899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #