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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N97000002105

1. Corporation Name

THE LAST DAY MINISTRY FROM GOD INC.

Principal Place of Business	Mailing Address
11985 S W 217 ST GOULDS FL 33170 US	1042 N.W. 76 STREET MIAMI FL 33150

2. Principal Place of Business 21 1042 N.W. 76 Street	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/14/1997
Suite, Apt. #, etc. 22 Miami FL.	Suite, Apt. #, etc. 27	4. FEI Number 65-0741920 ☐ Applied For ☐ Not Applicable
City & State 23 33150 Dade	City & State 28	5. Certifcate 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

ALEXANDER, EDWARD JR.
15841 S.W. 102 COURT
MIAMI FL 33157

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TROUP, LOUIS A		1.2 NAME		
STREET ADDRESS	5640 N.W. 14TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDER HILL FL 33313		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GROVER		2.2 NAME		
STREET ADDRESS	3011 N.W. 164 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TROUP, JOSEPHINE C		3.2 NAME		
STREET ADDRESS	5640 N.W. 14TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDER HILL FL 33313		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, REBECCA		4.2 NAME		
STREET ADDRESS	3011 N.W. 164 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MIZELL, ANTHONY R		5.2 NAME		
STREET ADDRESS	P.O. BOX 016031 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33101		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SQUARE, CYNTHIA		6.2 NAME		
STREET ADDRESS	9260 LITTLE RIVER DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		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: SIGNATURE REQUIRED 2/4/99 PH 954 321 0281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

COR E037 (11/98)