5-6-98 3-66-70 -(FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT

FILED May 06 1998 8:00am Secretary of State

| CHUNCH OF GOD PILGRIM OF FAITH, INC. | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|-----------------------------|--|---|-------------------|--------------------------------|---------|--|---------------|---|---|---|----------|-------------|---------------|----------------|---------|----------|--|
| Principal Plac | | Mailing Address | | | | | | | | I Ippinioi dik idiil ipph bolli i | | 001 1 BU | | | | | | | |
| 13325 N.W. 2ND AVENUE MIAMI FL 33188 | | | | 13325 N.W. 2ND AVENUE MIAMI FL 33168 | | | | | | | Date incorporated or Qualif 04/23/1997 FEI Number | | | | $\overline{}$ | plied | | | |
| 2. Principal F | Diana of Rusi | 2225 | | 20. Mailing Address | | | | | | | ├ | 65-075399 | | | +0 | | | plicable | |
| 21 Principal P | "Mice or posi | Noss | | 26 | | | | | | | 5. | Certificate of Status Desired | j , | 风 | | .75 A ee Re | | | |
| Suite, Apt. | . #, etc. | | | Suite, Apt. #, etc. | | | | | | 6. | Election Campaign Financin Trust Fund Contribution | | | \$5. | .00 N | Viay E | Ве | | |
| City & Star | | City & State | | | | | | 7. Is this nonprofit corporation a homeowners association? Yes No | | | | | | | | | | | |
| Zip | Zip Country | | | | <u> </u> | | | Country | Country | | | 8. This corporation owes or has paid the current year Intangible | | | | | | | |
| 24 | 9. Name and Address of Curr | | | | 29 30 30 | | | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | | | | | |
| | | / B 114 - | 1001484 01 00115 | r new. | vafingaren vfleur | | | 81 | Name | 125 HALLA SILE MANAGE AL LIAM LIGHTSIAN VINIT | | | | | | | | | |
| | ND, REV. E | | | | | | 82 | ╀ | Street Addres | dress (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| 13325 N MIAMI F | t | | | | 83 | 十 | | | | | | | | | | | | | |
| | | | | | | | | 84 | t | City | FL 85 Zip C | | | | | Code | ode | | |
| 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 | | | | | | | | | | | | | | | | | | | |
| TITLE | PD | | | | | | | | 1.1 TOTLE | | | | | | Ch | | _ | Addition | |
| NAME STREET ADDRESS | | REV. EMMANUEL END AVENUE | | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI F | | | | | | | 1.4 CITY - 8 | | | | | | | | | | | |
| TITLE | VD | | | | [| DELETE | | 2.1 TITLE | _ | | _ | | | | ☐ CH | nange | | Addition | |
| NAME STREET ADDRESS | | .E. 134 | 4 STREET | | | | | 2.2 NAME 2.3 STREET ADDRESS | | | | · | de las | J.F | | | | | |
| CITY-ST-ZIP TITLE | MIAMI F | <u>L 331</u> | .61 | | | DELETE | | 2.4 CITY- 3.1 TITLE | ST- | - ZIP | | | | | ☐ Ch | nangé | | Addition | |
| NAME | VIEUX. | GUER | MA D | | • | | | 3.2 NAME | | | | | | | | | _ | | |
| STREET ADDRESS | | | COURT | 3 | | | | 3.3 STREET | | DORESS | | | | | | | | | |
| CITY-ST-ZIP | LAUDEP | HILL | FL 33313 | | | | | 3.4 CITY | | - ZIP | | | | | | | | | |
| TITLE | | | | | L | ☐ DELETE | | 4.1 TITLE | | | | | | | ☐ Ch | ange | L | Addition | |
| NAME STREET ADDRESS | | | | | | | | 4. 2 NAME 4.3 STREET | | nnorce | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | 4.4 CITY-5 | | | | | | | | | | | |
| TITLE | † | | | | | DELETE | | 5.1 TITLE | <u></u> | - | | | | | ☐ CI | nange | | Addition | |
| NAME | | | | | | | | 5.2 NAME | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | 5.3 STREET | T AE | DORESS | | | | | | | | | |
| CITY-ST-ZIP | | | | | | DELETE | _ | 5.4 CITY - 8 | ST- | ZIP | | | | | ☐ Cr | hanne | | Addition | |
| TITLE NAME | | | | | | DELETE | | 6.1 TITLE 6.2 NAME | | | | | | | L | ia nyo | | Author | |
| STREET ADDRESS | | | | | | | | 6.3 STREET | | DORESS | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | 6.4 CITY-5 | | | | | | | | | | | |
| 14. I hereby | certify that th | ne infor | rmation supplied wi | th this | filing doe | s not qualify | for the | e exemp | otic | on stated in S | ectio | on 119.07(3)(i), Florida Statut | es. I fu | urther ce | ertify th | at the | infor | mation | |
| officer or Block 12 | director of the or Block 13 | he corr | poration or the rece aged, or on an attac | ivery chip tery | vith and | mpowered to | exec | oute this | re | port as requir | red b | all have the same legal effect by Chapter 617, Florida Statu | utes; aı | nd that n | my nan | ne api | pears | s in | |

SIGNATURE: