FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002976 (5)

NEW LIFE PENTECOSTAL CHURCH OF GOD, INC.

Principal Place of Business Mailing Address 1220 N.W. 116 TERRACE 1220 N.W. 116 TERRACE 3. Date Incorporated or Qualified MIAMI FL 33167 MIAMI FL 33167 05/23/1997 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? H No 23 ☐ Yes 28 Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAKER, JOANNE 82 Street Address (P.O. Box Number is Not Acceptable) 1220 N.W. 116 TERRACE 83 MIAM! FL 33167 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fiorida 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or posted name of registered agent and title if applicable (NOTe: Registered Agent signature requ 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE __ Change 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELFTE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY+ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME

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 stanged, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DILFTE

SIGNATURE: Deve Baker / GENE BAKER, FEBRUARY 9, 1998 (305) 687-3369

CR2E037 (10/97)

Change

Addition

FILED

Feb 16 1998 8:00am

Secretary of State