NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

26 1441 N. DIXIE Hwy, Ft. LAnderdale

Suite, Apt. #, etc. F101-1dq, 3330V

DOCUMENT # N9700003469

Corporation Name

FRIENDLY TABERNACLE CHURCH OF GOD IN CHRIST, INC

33304

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

22

21 1441 N. DIX: C. Hwy, Fl. LAG FL

50 SW 31ST AVE FT LAUDERDALE FL Mailing Address

50 SW 31ST AVE FT LAUDERDALE FL

2a. Mailing Address

FILED May 17, 1999 8:00 am § Secretary of State

05-17-1999 90070 045 ****70.00



Date Incorporated or Qualifed

.06/16/1997...

65-0580509

FEI Number

| City & Sta | te | City & State | | | ì | 5. Certificate of Status Desired | 4 | \$8.75 A | - | |
|---|----------------------|--------------|-----------|---------------------------------------|--|--|---------------|----------|------------|--|
| 23 | | 28 | | | | | | Fee Re | | |
| Zip | Country | Zip | Countr | · · · · | | Election Campaign Financin | g \sqcap | \$5.00 | | |
| 24 | | | | Trust Fund Contribution Added to Fees | | | | | | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | | | ne | | | | | |
| FLETCHER, DAVID W | | | | Stre | et Address | (P.O. Box Number is Not Acce | ptable) | | | |
| 4941 NW 17TH CT | | | | <u> </u> | | | | | | |
| LAUDERDALE FL 33313 | | | | 3 | | _ | | | | |
| · | | | | City | | | | 85 Zip C | ode | |
| } | | | | 1 1 | | · | F | L | | |
| 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 | | | | | | | | | | |
| i 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) | | | | | | | | | | |
| 12. | OFFICE AND DIRECTORS | | | 13. | | ADDITIONS/CHANGES TO | JI I IOLIKO F | Change | Addition | |
| ΠLE | | | | 1.1 TITLE | | | | ; Cloude | | |
| NAME | I CETOTIEN, DAVID II | | | 1.2 NAME | | | | | • | |
| STREET ADORESS | ADDICES OF SIL FIG. | | | 1.3 STREET ADDRESS | | | | | , , | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | | 1.4 CITY-ST-ZIP | | | | ☐ Change | Addition | |
| TITLE | VD | | | | | | | Claringo | | |
| NAME | MORGAN, DENNIS | | 2.2 NAME | | | | | • | | |
| STREET ADDRESS | | | 2.3 STRE | ETADORE | SS | | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 2. 4 CITY | | | | | ☐ Change | Addition | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | | | | | | |
| NAME | FLEMING, CARDELL | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 1 | | 3.3 STRE | ET ADDRE | SS | | *4. | | , | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 3.4. CITY | | | <u> </u> | | Channe | Addition | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | | | | Change . | | |
| NAME | POMPEY, CASSANDRA | | 4, 2 NAM | | | | | | `. : | |
| STREET ADDRESS | S 50 SW 31ST AVE | | 4.3 STRE | ET ADDRE | ESS | | | | | |
| CITY-ST-ZIP | 1 0 1000110/122 1 2 | | 4.4 CITY- | | | | <u>.</u> | | C deletion | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | | | | : | Change | Addition | |
| NAME | WALKER, MARTHA | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | S 50 SW 31ST AVE | | | ET ADDRE | ESS - | | • | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 5.4 CITY- | | | | | Channe | - Addition | |
| TITLE | | ☐ DELETE | 6.1 TTLE | | | | | ☐ Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | s . | | 6.3 STRE | ETADORE | ESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | ST-ZIP | | | | | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

(954) 735-65

Daytime Phone #

DOE037 (44/00)

Applied For

Not Applicable

CR2E