FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMÊNT OF STÂTE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N97000003506 (9)

GRACE PRIMITIVE CHURCH OF GOD, INC.

FILED
Jun 30 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address							
14722 NW 7TH AVE.	14722 NW 7TH AVE. MIAMI FL				Date Incorporated or Qualified 06/17/1997 FEI Number		Applied For
2. Principal Place of Business	28. Mailing Address 28. 5317 1010 116	77	nuce	5.	Certificate of Status Desired		Not Applicable 75 Additional ee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•		6.	Election Campaign Financing Trust Fund Contribution	\$5.	.00 May Be ded to Fees
City & State 23 Missing Flex	28 Miame Fle	<u>a.</u>		7.	Is this nonprofit corporation a homeowr		ciation?
Zip Country 24 3368 25 Dade	29 3 3 / 6 8 30]	untry Da	de		This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Yes	□ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMILIEN, MARTIN 530 N.W. 116TH TERR. MIAMI FL			Name Street Addres	s (P			
		84	City			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, 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

afent. 1 a	agistered agent, or both, in the state of Florid m familiar with, and accept the obligations of 	da. Sucri change was at f, Section 617.0503, Flor	ithorized by the corpo ida Statutes.	oration's board of directors. I hereby accept the appointment as i	regisige
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE:	Registered Agent signature r	required when rainstating) DATE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	PO	DELETE	1.1 TITLE	Change	Addition
NAME	SI MILIEN, MARTIN		1.2 NAME		
STREET ADDRESS	\$30 N.W. 116TH TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	- VD	DELETE	2.1 TITLE	Change	Addition
NAME	D ENAVAR, LAISNER		2.2 NAME		
STREET ADDRESS	20 N.E. 49TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY+ST-ZIP		
TITLE	\$D	DELETE	3.1 TITLE	Change	Addition
NAME	SIMILIEN, VIERGELIE		3.2 NAME		
STREET ADDRESS	\$30 NW 116TH TERR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	TD .	DELETE	4.1 TITLE	☐ Change	Addition
NAME	D ENAVAR, ROSELIE		4. 2 NAME	400002576724	
STREET ADDRESS	20 N.E. 49TH ST.		4.3 STREET ADDRESS	-07/ 01/ <u>9</u> 801006 -02 0	
CITY-ST-ZIP	MIAMI FL		4.4 CITY - ST - ZIP	***61,25	
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS	; E		5.3 STREET ADDRESS	â 6	
CITY-ST-ZIP	2		5.4 CITY-ST-ZIP	2 1/30	
TITLE		DELETE	6.1 TITLE	Change □ Change	Addition
NAME	हैं. हों		6.2 NAME	1000002555711	
STREET ADDRESS	5 Y		6.3 STREET ADDRESS	-07/\01/49\\-\01/109\-018	ı

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Morida 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.

SIGNATURE: Hartin 5, ... Die

1-20- 98