

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90013 024 ****61.25

DOCUMENT # N97000003884

1. Corporation Name

GERTRUDE HALLIE DAVIS MEMORIAL PENTECOSTAL
CHURCH, INC.

Principal Place of Business

Mailing Address

M.MAGDALENA DAVIS
945 SW THIRD AVE #14
MIAMI, FLORIDA 33130

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

7/7/97

4. FEI Number

31-1564892

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

M.MAGDALENA DAVIS
945 SW THIRD AVE #14
MIAMI, FLORIDA 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Ester Hodges	<input checked="" type="checkbox"/> DELETE
NAME	54 NW 46 St.	
STREET ADDRESS	Miami, FL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FPT	FOUNDER, PASTOR, TREA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		SURER		
1.3 STREET ADDRESS		M.MAGDALENA DAVIS		
1.4 CITY-ST-ZIP		945 SW THIRD AVE #14		
		MIAMI FL 33130		
2.1 TITLE	T	MIRIAM E. JONES, TRUS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		TEE 2200 NW 54 St.		
2.3 STREET ADDRESS		MIAMI, FL. 33142		
2.4 CITY-ST-ZIP				
3.1 TITLE	D	DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		MIRIAM E. JONES		
3.3 STREET ADDRESS		2200 NW 54 ST.		
3.4 CITY-ST-ZIP		MIAMI, FL. 33142		
4.1 TITLE	TD	TRUSTEE, DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		Salome J Costa		
4.3 STREET ADDRESS		3475 Royal Palm Ave		
4.4 CITY-ST-ZIP		Miami Beach, Fl 33140		
5.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME				
6.3 STREET ADDRESS				
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:

M.MAGDALENA DAVIS *M. Magdalena Davis*, TREASURER-FOUNDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

(305) 854-3336

Daytime Phone #