SIGNATURE:

AMOUNT DUE O	`	F DISSOLVED, MINIMUM AMOUNT DUE TO I	REINSTATE: \$236.25	
	ONPROFIT RPORATION	FLORIDA DEPARTI		
	JAL REPORT	Sandra B. I	•-	
	1998	DIVISION OF CO		
	· 	0000F00F (0)		
1. Corporatio	MENI # N9/U	00005995 (2)		
CHURCH	1 of ark of Delivra	NCE OF PHILADELPHIE, INC		
Principal Place of Business Mailing Address				4 1001/101 818 18111 1804 00/11 80111 80111 80111 80111 80111 80111 8110 18114 (8161 914 1861
14530 NW 11TH COURT NORTH MIAMI FL \$3168		14530 NW 11TH COURT NORTH MIAM! FL 33168		3. Date Incorporated or Qualified 10/24/1997
				4. FEI Number Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address	·	5. Certificate of Status Desired \$8.75 Additional
Súlte, Apt.	# 46	26 Sulte, Apt. #, etc.		Fee Required
12		27		6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Chy A Stat	6	City & State		7. Is this nonprofit corporation a homeowners association? Yes No
- Sib	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes You
84	9. Name and Address of C	29 30 Current Registered Agent	<u> </u>	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
			81 Name	
METELUS, GERTRUDE REV 14530 NW 11TH COURT				Address (P.O. Box Number is Not Acceptable)
	AMI FL 33168		83	
			84 City	85 Zip Code
44 Dumusah	a the providence of audience 647	0500 4 647 4500 Findle Statutes th		FL T
office or re agent. I ar	o the provisions of sections 617 egistered agent, or both, in the S in familiar with, and accept the c	,0502 and 617-1508, Florida Statutes, thi State of Florida. Such change was autho obligations of, section 617,0503, Florida	e above-named co rized by the corpor Statutes.	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating) DATE
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ACTION ACTION DE	Ø. DELETE	1.1 TITLE	PD Gertrude Metelus Rev. Change Addition
NAME STREET ADDRESS	METESLUS, GETRUDE RE 14530 NW 11TH COURT	٧,	1.2 NAME 1.3 STREET ADDRESS	14530 NW 11th court
CITY-ST-ZIP	NORTH MIAMI FL 33168		1.4 CITY-ST-ZIP	North Miami, FL 33168
TITLE	SD	DELETE	2.1 TITLE	TD Change Addition
NAME	CASSEUS, FR. RAOUL			Duvercia Jean Phillipe 25 NE 52 Terr
STREET ADDRESS CITY-ST-ZIP	141\$ NW 34TH STREET MIAMI FL 33142		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	TD	\(\overline{\text{Z}}'\text{DELETE}	3.1 TITLE	D Change Addition
	PHILLIPE, JIM	/	3.2 NAME	Avenia Louis 720 NE 163 Street
	25 NE 52 TERR MIAMI FL 33137		3.3 STREET ADDRESS 3.4 City-ST-ZIP	Miami, FL 33162
CITY-\$T-ZIP TITLE	TD	DELETE	4.1 TITLE	Change Addition
NAME	GARCIA, LEMOREIN JEAN		4.2 NAME	
	12125 NE 6TH AVENUE #	5	4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	NORTH MIAMI FL 33168	Decem	4.4 CITY-ST-ZIP 5.1 TITLE	
NAME		L_] DELETE	5.2 NAME	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME	Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		<u></u>	8.4 CITY-ST-ZIP	<u> </u>
indicated (on this annual report or supplem	nental annual report is true and accurate	e and that my signa	n section 119.07(3)(i), Florida Statutes. I further certify t ha t the information attres shall have the same legal effect as if made under oath; that I am
	or director of the corporation or	the receiver or trustee empowered to ex	xecute this report a	is required by Chapter 617, Florida Statutes; and that my name appears