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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006276 (6)**

1. Corporation Name

IN THE BEGINNING MINISTRIES, INC.

Principal Place of Business

Mailing Address

**15930 N.W. 21ST AVENUE
MIAMI FL 33054**

**15930 N.W. 21ST AVENUE
MIAMI FL 33054**



3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3882 N.W. 176 ter.

26 3882 N.W. 176 ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Carol City, Fla

28 Carol City, Fla

Zip

Zip

24 33055

Country

25 DADE

29 33055

Country

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLMES, GWENDOLYN
15930 N.W. 21ST AVE.
MIAMI FL 33054**

81 Name

GWENDOLYN Holmes

82 Street Address (P.O. Box Number is Not Acceptable)

3882 N.W. 176 ter

83

84 City

Carol City

FL

85 Zip Code

33055

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

GWENDOLYN Holmes, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **HOLMES, GWENDOLYN**
STREET ADDRESS **15930 N.W. 21ST AVENUE**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **S** ☐ DELETE

NAME **CAMPBELL, MONTREY**
STREET ADDRESS **19720 N.W. 7TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **T** ☐ DELETE

NAME **HOLMES, NICOLE**
STREET ADDRESS **15930 N.W. 21ST AVENUE**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **D** ☐ DELETE

NAME **BROOKS, C L JR.**
STREET ADDRESS **3931 N.W. 177TH ST.**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **TR/VP** ☐ DELETE ☒ Addition

NAME **Williams, T.G. Rev**
STREET ADDRESS **2075 N.W. 99ter**
CITY-ST-ZIP **MIAMI, Fla 33147**

TITLE **MD** ☐ DELETE ☒ Addition

NAME **Lawson, Eula M.**
STREET ADDRESS **3882 N.W. 176 ter**
CITY-ST-ZIP **Carol City, Fla 33054**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**P HOLMES, GWENDOLYN
3882 N.W. 176 ter
Miami, FL 33054**

**TR/VP
Williams, T.G. Rev
2075 N.W. 99ter
Miami, FL 33147**

**MD
Lawson, Eula M
3882 N.W. 176 ter
Carol City, Fla 33054**

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.

SIGNATURE:

GWENDOLYN Holmes

17 May 98

305-620 9138

CP2E037 (10/97)