FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006710 (4)

1. Corporation Name

UNITED 7TH DAY CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311	C/O PASTOR BRUCKIE BROWNS 1909 HAVER HILL RD. APT 7 WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified **12/01/1997**

4. FEI Number ~~FIN~~ 65-0796263   Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 3090 N·W
22 Suite, Apt. #, etc. 7th Street
23 City & State Fort Lauderdale Fla
24 Zip 33311 25 Country U·S·A

2a. Mailing Address
26 c/o Pastor Brukie Brown
27 Suite, Apt. #, etc. 1909 Haverhill Rd #7
28 City & State West Palm Beach Fla
29 Zip 33417 30 Country U·S·A

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, BRUCKIE
1909 HAVER HILL RD
WEST PALM BEACH FL 33417

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME BROWN, BRUCKIE STREET ADDRESS 1909 HAVER HILL RD CITY-ST-ZIP WEST PALM BEACH FL 33417	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME SMITH, VENARD STREET ADDRESS 3465 NW 43RD PL CITY-ST-ZIP FORT LAUDERDALE FL 33309	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STD NAME BURKE, ROSALEE STREET ADDRESS 1909 HAVER HILL RD CITY-ST-ZIP WEST PALM BEACH FL 33417	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME THOMPSON, VILMA STREET ADDRESS 4531 LULLABY RD CITY-ST-ZIP NORTH PORT FL 34287	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CHRISTIAN, MIKE STREET ADDRESS 2732 NW 35TH TERR CITY-ST-ZIP FORT LAUDERDALE FL 33311	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME THOMAS, CHARLOTTE STREET ADDRESS 1061 NW 75TH AVE CITY-ST-ZIP FORT LAUDERDALE FL 33313	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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: _____ *Brukie Brown* IID   2-25-98