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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000006710

1. Corporation Name

UNITED 7TH DAY CHURCH OF GOD, INC.

Principal Place of Business

3090 N.W.
7TH STREET
FORT LAUDERDALE FL 33311
US

Mailing Address

C/O PASTOR BRUKIE BROWN
1909 HAVERHILL RD. #7
WEST PALM BEACH FL 33417
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0796263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BROWN, BRUKIE
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

TITLE PD ☐ DELETE
NAME BROWN, BRUKIE
STREET ADDRESS 1909 HAVER HILL RD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VD ☒ DELETE
NAME SMITH, VENARD
STREET ADDRESS 3465 NW 43RD PL
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE STD ☐ DELETE
NAME BURKE, ROSALEE
STREET ADDRESS 1909 HAVER HILL RD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☐ DELETE
NAME THOMPSON, VILMA
STREET ADDRESS 4531 LULLABY RD
CITY-ST-ZIP NORTH PORT FL 34287

TITLE D ☒ DELETE
NAME CHRISTIAN, MIKE
STREET ADDRESS 2732 NW 35TH TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☒ DELETE
NAME THOMAS, CHARLOTTE
STREET ADDRESS 1061 NW 75TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33313

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME NOBLE, JEFFERY
2.3 STREET ADDRESS 884 PENNSYLVANIA AVE
2.4 CITY-ST-ZIP FORT LAUDERDALE FL 33312

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME WILLIAMS, EARNEST
5.3 STREET ADDRESS 3901 N.W 46 TERRACE
5.4 CITY-ST-ZIP LAUDERDALE LAKES FL 33311

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME SCOTT, SHARON
6.3 STREET ADDRESS 1909 HARVERHILL APT 7
6.4 CITY-ST-ZIP WEST PALM BEACH FL 33417

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56-26-99

Date

561-791-3976

Daytime Phone #

CR2E037 (11/98)