

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 30 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **N97000006913 (4)**

1. Corporation Name

**A M O S PROJECT, INC.**



Principal Place of Business

Mailing Address

**%PINECREST PRESBYTERIAN CHURCH  
10400 S.W. 57 AVENUE  
MIAMI FL 33156**

**P.O. BOX 56-0246  
MIAMI FL 33251**

3. Date Incorporated or Qualified

**12/12/1997**

4. FEI Number

**31-1596859**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26** **PO Box 56-2141**

**22**  
City & State

**27** **N/A**

**23**  
Zip

Country

**28** **MIAMI FL**

Zip

Country

**24**

**25**

**29** **33256**

Zip

**30** **USA**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSON, DON E  
88181 OLD HIGHWAY #A-41  
ISLAMORADA FL 33036**

**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 **12** **PRESIDENT** **12** ☐ DELETE  
NAME **DON E. OLSON**  
STREET ADDRESS **88181 OLD HIGHWAY #A-41**  
CITY-ST-ZIP **ISLAMORADA, FL 33036**

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

TITLE **12** **VICE PRESIDENT** **12** ☐ DELETE  
NAME **DOROTHY LUYTJES**  
STREET ADDRESS **12920 SW 60 AVE**  
CITY-ST-ZIP **MIAMI FL 33156**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **12** **SECRETARY-TREASURER** **12** ☐ DELETE  
NAME **CAROLE A. BELL**  
STREET ADDRESS **8139 SW 82 PL.**  
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E037 (10/97)