

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90075 028 ****70.00

DOCUMENT # N97000006913

1. Corporation Name

A M O S PROJECT, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 56-2141
MIAMI FL 33256
US



2. Principal Place of Business

21 PO Box 56-2141

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/12/1997

22 City & State

23 MIAMI FL

27 City & State

28

24 Zip Country

33256 US

29 Zip Country

30

4. FEI Number

31-1596859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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
NAME OLSON, DON E
STREET ADDRESS 88181 OLD HWY A-41
CITY-ST-ZIP ISLAMORADA FL 33036

DELETE

TITLE VPD
NAME LUYJES DOROTHY LUYJES
STREET ADDRESS 12920 SW 60TH AVE
CITY-ST-ZIP MIAMI FL 33156

DELETE

TITLE STD
NAME BELL, CAROLE A
STREET ADDRESS 8139 SW 82ND PL
CITY-ST-ZIP MIAMI FL 33143

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT PD
1.2 NAME MARY ETHEART
1.3 STREET ADDRESS 6255 SW 132 ST
1.4 CITY-ST-ZIP MIAMI FL 33156

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

CAROLE A. BELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLE A. BELL Date 3/25/99 Daytime Phone # 305 291 1500

CR2E037 (11/98)