

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 005 ****61.25

DOCUMENT # **N98000000020**

1. Corporation Name

APOSTOLIC WORSHIP CENTER OF HOMESTEAD, INC.

Principal Place of Business

**211 SOUTHWEST HOMESTEAD BLVD.
HOMESTEAD FL 33033**

Mailing Address

**34850 SOUTHWEST 187TH AVENUE
HOMESTEAD FL 33034**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **34935 SW 188 PL.**

Suite, Apt. #, etc.

27 City & State

28 **HOMESTEAD FL.**

Zip

Country

29 **33034**

30 **DADE**

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

65-0803766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 ☐ DELETE

NAME **PT**
GREATHOUSE, KENNETH
STREET ADDRESS **211 SOUTHWEST HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ DELETE

NAME **S**
FAULKNER, VANITA
STREET ADDRESS **211 SOUTHWEST HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ DELETE

NAME **D**
MATTHEWS, COLLIN
STREET ADDRESS **211 SOUTHWEST HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ DELETE

NAME **D**
VENNING, RODDY
STREET ADDRESS **211 SOUTHWEST HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ DELETE

NAME **D**
VENNING, SIDNEY
STREET ADDRESS **211 SOUTHWEST HOMESTEAD BLVD.**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE: Kenneth Greathouse 7-2-99 305-245-5901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)