

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90018 024 \*\*\*\*61.25

0024000

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000000637

1. Corporation Name

BIBLE WAY CHURCH OF JESUS CHRIST APOSTOLIC MINIS  
TRIES, INC.

Principal Place of Business

5619 PEMBROKE ROAD  
HOLLYWOOD FL 33021

Mailing Address

5619 PEMBROKE ROAD  
HOLLYWOOD FL 33021

191387-90018-24 7 \*



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/04/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

28 Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AARONS, DOROTHY  
5619 PEMBROKE ROAD  
HOLLYWOOD FL 33021

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 DP  
NAME AARONS, DOROTHY  
STREET ADDRESS 7861 N.W. 20TH COURT  
CITY-ST-ZIP SUNRISE FL 33322

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

TITLE DST  
NAME COLLINS, DATILDA  
STREET ADDRESS 1810 N.W. 119TH ST. - APT. 223  
CITY-ST-ZIP MIAMI FL 33167

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

TITLE D  
NAME BECKFORD, FERNANDO  
STREET ADDRESS 5397 CEDAR LAKE ROAD - #16-13  
CITY-ST-ZIP BOYNTON BEACH FL 33437

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

TITLE D  
NAME AARONS, RICHARD  
STREET ADDRESS 7861 N.W. 20TH COURT  
CITY-ST-ZIP SUNRISE FL 33322

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

TITLE D  
NAME CAMPBELL, DAINSWORTH  
STREET ADDRESS 460 N.W. 214TH ST. - #201  
CITY-ST-ZIP MIAMI FL 33169

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

TITLE D  
NAME COLLINS, SIDNEY  
STREET ADDRESS 1810 N.W. 119TH ST. - APT. 223  
CITY-ST-ZIP MIAMI FL 33169

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
SIGNATURE REQUIRED

Feb 20, 1999

Date

Daytime Phone #

CR2E037 (11/98)