


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90230 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003815

1. Corporation Name

FRIENDLY TEMPLE HOLINESS CHURCH NONDENOMINATION CORP.


 437303 - 90047

Principal Place of Business

 5800 NORTHWEST 17TH AVENUE
 MIAMI FL 33142

Mailing Address

 5800 NORTHWEST 17TH AVENUE
 MIAMI FL 33142


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 FRIENDLY TEMPLE		28 5800 NW 17th Ave		06/30/1998	
22 Suite, Apt. #, etc. N/A		27 Suite, Apt. #, etc. N/A		4. FEI Number 65-0848067	
23 City & State Miami FL 33142		28 City & State Miami FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33142		29 Zip 33142		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Date Dade		30 Date Dade			

b. 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 Amerilawyer	35 Zip Code 33134
82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave	
83 City Coral Gables	
84 State FL	

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 Annie Wimberly

(NOTE: Registered Agent signature required when reinstating)

DATE 4-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, RUFUS	1.2 NAME	
STREET ADDRESS	5800 NORTHWEST 17TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, ANNIE L	2.2 NAME	
STREET ADDRESS	5800 NORTHWEST 17TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, WILLIE	3.2 NAME	
STREET ADDRESS	5800 NORTHWEST 17TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Rufus Wimberly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-7-99Daytime Phone # 305 634-8912

305 696 4822

-CR2E037 (11/98)