NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherina Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N9800006597

1. Corporation Name

SMYRNA CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

1299 NW 103 STREET MIAMI FL 33147 1299 NW 103 STREET MIAMI FL 33147 

## FILED May 10, 1999 8:00 am Secretary of State

08-18-1999 90005 040 \*\*\*\*70.00 05-10-1999 90270 030 \*\*\*\*70.00

|                |  |                                       |                              | <u></u>  |                         |                      |
|----------------|--|---------------------------------------|------------------------------|--|-------------------------|----------------------|
| 2. Principal F | Place of Business  | 2a. Mailing Address                   |                              | 3. Date Incorporated or Qualifed                   |                         | İ                    |
| 21 <i>1999</i> | ' 1/91 103 Stucet  | 26 5/641                              | E 3CI                        | 11/18/1998   |                         |                      |
| Suite, Apt.    | . #, etc.  | Suite, Apt. #, etc.                   | 3                            | 4. FEI Number                                      |                         | plied For            |
| 2 ///          | ami Flacida  | 27                                    | <u> </u>                     | 63-0701441   |                         | t Applicable         |
| City & Sta     | le : - E de la de la deservación de la | City & Stato                          | -7:                          | 5. Certificate of Status Desired                   | \$8:75 <sub>`</sub> ∧   |                      |
| 23 33          | 3/47   | 28 NIami                              | Vorida                       |  | Fee Re                  | quirea               |
| Zip            | Country  | Zip                                   | Country                      | 8. Election Campaign Financing                     | \$5.00                  |                      |
| 24             | 25   | 29 33/37 3                            | 10                           | Trust Fund Contribution                            | Added to                | o Fees               |
|                | 9. Name and Address of Current   | Registered Agent                      |                              | 10. Name and Address of New Registers              | rd Agent                |                      |
|                |  |                                       | 81 Name Q                    | ose Morie Fla                                      | 210 Rmn                 | wil 1                |
| DANGER         | POC  |                                       | 82 Street Ation              | ess (P.O. Box Number is Not Acceptable)            | -14 14 145-1            | <del>-v , , _ </del> |
|                | 3 CT #3  | :                                     |                              |  |                         |                      |
| MIAMI FL       |  |                                       | 83 1070                      | 1 412,1119 Tax                                     | _                       |                      |
| MIAWI FL       | L 33131  | į.                                    | 10 / 7                       | N.WILLE  | . 85 Zip C              | - de                 |
|                |  | 1                                     | 84 City //                   | iomi ~ Fla F                                       | L   <sup>ነነ</sup>   ጀርሻ | 168                  |
| 11 Durayant    | to the provisions of Sections 617 0502   | and 617 1508. Florida Statutes        | Althoughove-named corpo      | pration submits this statement for the purpose     | of changing its         | registered           |
| office or      | registered agent, or both, in the State o  | f Florida. Such change was aut        | horized by the corporation   | n's board of directors. I hereby accept the app    | xointment as reg        | jistered             |
| agent, I a     | am familiar with, and accept the obligation  | ons or, Section 617.0503, Fight       | e Spatures.                  | 1///   | 0 00-                   | 00.00                |
| SIGNATURE      | William H Cu   | and title if applicable. (NOTE: I     |                              |  | 2072                    | <del>08</del> 77     |
| 12.            | Signature, typed or printed name of registered agent OFFICERS AND  |                                       | 13.                          | ADDITIONS/CHANGES TO OFFICERS                      | AND DIRECTO             | RS IN 12             |
| TITLE          | D  | DELETE                                | 1.1 ITILE                    |  | Change                  | ☐ Addition           |
|                | l -  | <del>_</del> .                        | 1.2 NAME                     |  |                         |                      |
| NAME           | DANGER, ROC  | •                                     | 1.3 STREET ADDRESS           |  |                         | T Addition           |
| STREET ADDRESS | , v.v v v  |                                       | 1                            |  |                         | j                    |
| CITY-ST-ZIP    | MIAMI FL 33137   | <b>₽</b> DELETE                       | 1.4 CITY-ST-ZIP<br>2.1 TITLE |  | [] Change               | Addition             |
| TITLE          | D  | ter Decere                            | 1                            |  | U V                     | _                    |
| NAME           | VOLTAIRE, MERCILIE   | ,                                     | 2.2 NAME                     |  |                         | <b> </b> -           |
| STREET ADDRESS | C/O 1299 NW 103 ST   |                                       | 23 STREET ADDRESS            |  |                         | · {                  |
| CITY-ST-ZIP    | MIAMI FL 33147   | - Decision                            | 2.4 CITY-ST-ZIP              |  | Change                  | Addition             |
| TILE           | ·D   | DELETÉ                                | 3.1 TITLE                    |  | Commission              | [_] Addition         |
| NAME ·         | THOMAS, DANIEL   |                                       | 32 NAVE                      |  |                         |                      |
| STREET ADDRESS | C/O 1299 NW 103 ST   |                                       | 3.3 STREET ADDRESS           |  |                         |                      |
| CITY-ST-ZIP    | MIAMI FL 33147   |                                       | 3.4. CITY-ST-ZIP             |  |                         | - Addison            |
| IIITE D        | Marie Dloran   | drine Claud                           | 4.1 TITLE                    |  | Change                  | ☐ Addition           |
| NAME           | Marke Hieron   | - Clara                               | 2 NAME                       |  |                         | ſ                    |
| STREET ADDRESS | 1100 NE 151TE  | 20100                                 | 4.3 STREET ADDRESS           |  |                         |                      |
| CITY-ST-ZIP    | Miami Pla  | 33160_                                | 4.4 CiTY-ST-ZIP              | <u> </u>   |                         |                      |
| TITLE          |  | ☐ DELETE                              | 5.1 TITLE                    | <del>-</del>                                       | Change                  | ☐ Addition           |
| NAME           | · ·  |                                       | 5.2 NAME                     |  |                         |                      |
| STREET ADDRESS | !  | •                                     | 5.3 STREET ADDRESS           |  |                         |                      |
| CITY-ST-ZIP    | }  |                                       | 5.4 CITY- ST-ZIP             |  |                         |                      |
| TITLE          |  | ☐ DELETE                              | 6.1 TITLE                    |  | Change                  | Addition             |
| NAME           | ł  |                                       | 6.2 NAME                     |  |                         |                      |
| STREET ADDRESS | 1  | •                                     | 63 STREET ADDRESS            |  |                         |                      |
|                | 1  |                                       | 6.4 CITY- ST-ZIP             | :  |                         |                      |
| CITY-ST-ZIP    |  | this files does not available for the |                              | ection 119.07(3)(i), Florida Statutes, I further o | ertify that the in      | formation            |

i. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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 osth; 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 REQUIRED

DE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-13-99