

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007277

1. Corporation Name
HOLY TEMPLE PENTECOSTAL CHURCH OF SOUTH DADE, IN C.

Principal Place of Business 1395 SW 8TH ST HOMESTEAD FL 33030	Mailing Address 1395 SW 8TH ST HOMESTEAD FL 33030
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2. Principal Place of Business 21 1395 SW 8th St Suite, Apt. #, etc. 22 Home Stead Fla City & State 23 33030 Dade Zip Country	2a. Mailing Address 26 853 NW 2nd St Suite, Apt. #, etc. 27 Fla. City, Fla City & State 28 33034 Dade Zip Country	3. Date Incorporated or Qualified 12/28/1998	4. FEI Number 65-0886914 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MURPHY, DORTHEA 853 NW 2ND ST FLORIDA CITY FL 33034	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, DORTHEA	1.2 NAME	EARNEST WRIGHT
STREET ADDRESS	853 NW 2ND ST	1.3 STREET ADDRESS	24508 S.W. 130th AVENUE
CITY-ST-ZIP	FLORIDA CITY FL 33034	1.4 CITY-ST-ZIP	PRINCETON, FL 33082
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	GSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, WILLIE	2.2 NAME	JOLAYNE MURPHY
STREET ADDRESS	853 NW 2ND ST	2.3 STREET ADDRESS	853 N.W. 2ND STREET
CITY-ST-ZIP	FLORIDA CITY FL 33034	2.4 CITY-ST-ZIP	FLORIDA City, FL 33034
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, DELORIS	3.2 NAME	
STREET ADDRESS	21900 SW 111TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33170	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JOHNNIE M	4.2 NAME	
STREET ADDRESS	30510 SW 152ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEISURE CITY FL 33033	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, BARRINGTON	5.2 NAME	
STREET ADDRESS	21900 SW 111TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33170	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: Dorthea Murphy Date: 2/12/99 Daytime Phone #: 305 247 8077

CR2E037 (1/1/98)