## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 712651

(9)

MIAMI LATIN CHURCH OF GOD, INC.					
Principal Place of Business Mailing Address					
5606 NEBRASK TAMPA FL 336		5606 Nebraska ave. Tampa fl 33604			
				3. Date Incorporated or Qualified 04/26/1967	3a. Date of Last Report 02/06/1995
<ul><li>2. Principal Place of Business</li><li>1</li><li>2a.</li><li>26</li></ul>		2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Aprt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
<b>3</b>   Zip	Country	Zip	Country	This corporation has liability for int	
4	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes [] No
- L	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent
			81 Name		
SANCHEZ, MANUEL PEREZ			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
6775 14TH ST S. 5606 N. NEBRASKA AVE. (OFFICE TAMPA)			83		
	RSBURG FL 33705	T)	63		
OI. I LIE	mobolità i E 00700		84 City		FL 85 Zip Code
SIGNATURE _	Signaturu, typed or my ted name of registrad agend.	and title at application (	NOTE Registered Agent signature require		DATE
12.	ST OFFICERS AND	DIRECTORS []DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
Trill# NAME	AGOSTØ, FRANK	Floreere	12 NAME		
STREET ADDRESS	629 BABLONICA DRIVE		1.3 STREET ADDRESS		
CITY - ST - ZiP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	PD	[]DELETE	2 1 TIFLE		Change Addition
NAME	SANCHEZ, MANUEL PEREZ		. 22 NAME		
SZEROCA TEEHTS	6775 14TH ST. S. ST. PETERSBURG FL		2 3 STREET ADDRESS		
CITY - ST - ZIP	VD	□ DELETE	2 4 CHY-ST-ZIP 31 TIFLE		Change Addition
THTLE NAME	ARIAS, TONNY		3 2 NAME		
STREET ADDRESS	10954 SW 157TH TERR		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4. CIFY-ST-ZIP		
TITLE	TD	[]DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	QUIRINO, MIGUEL		4 2 NAME		
STREET ADDRESS	1210 PETTIE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER FL	F105: 575	4 4 CITY - ST - ZIP		Dohan Dadisa
TITLE	SD ROSSIQUE, LUIS A	☐] DEL.ETE	5 1 TITLE		☐ Change ☐ Addition
NAME STORE ADDRESS OF	2396 SW 140TH PL		5 2 NAME 5 3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL		5 4 CITY - ST - ZIP		
TITLE		[]DELETE	61 HTLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
			6 4 CITY - ST - ZIP		
CITY-ST-ZIP	y certify that the information supplied v the information indicated on this annu- l am an officer of director of the corpo Block 12 of Block 13 if changed, or c		0 1 0 11 1 2 1	<del></del>	

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #