

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712651 (9)
1. Corporation Name
MIAMI LATIN CHURCH OF GOD, INC.



Principal Place of Business 5606 NEBRASKA AVE. TAMPA FL 33604	Mailing Address 5606 NEBRASKA AVE. TAMPA FL 33604-7124
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3. Date Incorporated or Qualified 04/26/1967	3a. Date of Last Report 01/25/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SANCHEZ, MANUEL PEREZ
6775 14TH ST S.
5606 N. NEBRASKA AVE. (OFFICE TAMPA)
ST. PETERSBURG FL 33705**

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

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	ST	1.1 TITLE	Secretary Treasurer
NAME	AGOSTO, FRANK	1.2 NAME	Agosto, Frank
STREET ADDRESS	629 BABLONICA DRIVE	1.3 STREET ADDRESS	629 Bablonica Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL
TITLE	PD	2.1 TITLE	Superintendent SEST
NAME	SANCHEZ, MANUEL PEREZ	2.2 NAME	Sanchez, Manuel Perez
STREET ADDRESS	6775 14TH ST. S.	2.3 STREET ADDRESS	6775 14th St. S
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg FL
TITLE	VD	3.1 TITLE	VD
NAME	ARIAS, TONNY	3.2 NAME	Arias, Tonny
STREET ADDRESS	10954 SW 157TH TERR	3.3 STREET ADDRESS	10954 SW 157th Tr.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL
TITLE	TD	4.1 TITLE	D. Missions Department
NAME	QUIRINO, MIGUEL	4.2 NAME	Pagan, Ignacio
STREET ADDRESS	1210 PETTIE ROAD	4.3 STREET ADDRESS	5463/36th Ave N
CITY-ST-ZIP	DOVER FL	4.4 CITY-ST-ZIP	St. Petersburg FL
TITLE	SD	5.1 TITLE	TD
NAME	ROSSIQUE, LUIS A	5.2 NAME	Torres, Florencio
STREET ADDRESS	2396 SW 140TH PL	5.3 STREET ADDRESS	12621 Crayford Ave
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Orlando FL
TITLE		6.1 TITLE	Member Board of Directors
NAME		6.2 NAME	Renato, Jose Renato
STREET ADDRESS		6.3 STREET ADDRESS	830 NW 210 St Bld 6 Apt 105
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami FL

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14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Manuel Perez Sanchez* REV. MANUEL PEREZ-SANCHEZ 2/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047128

CR2E037 (9/96)