## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## | DOCUMENT # 712651

(9)

MIAMI LATIN CHURCH OF GOD, INC.

FILED
Apr 10, 1998 8:00 am
Secretary of State

Principal Place of Business Mailing Address							1 198411 19841 11819 11819 81181 BILDI BIRKI	
5606 NEBRASKA TAMPA FL 3360			5606 NEBRASKA AVE. TAMPA FL 33604				3. Date Incorporated or Qualified  04/26/1967  4. FEI Number  NOT APPLICABLE  Applied For  Not Applicable	
Principal Place of Business     2a. Mailing Address							\$8.75 Additional	
1	ago ar Badinoss	26	— ·				5. Certificate of Status Desired Fee Required	
Suite, Apt.	#, etc.	<b>-</b> ,	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22 City 0 Ct-16			City & State				Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?	
City & State		28	<del>                                     </del>				Yes No	
Zip			<u> </u>		Country		8. This corporation owes or has paid the current year Intangible	
24	25			30	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Current	t Registered	Agent		81	Name	10. Name and Address of New Registered Agent	
					Ш			
SANCHEZ, MANUEL PEREZ				82 Street Addres			dress (P.O. Box Number is Not Acceptable)	
6775 14TH ST S. 5606 N. NEBRASKA AVE. (OFFICE TAMPA)					83			
	ERSBURG FL 33705	Α)				City	85 Zip Code	
			84	-	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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require							uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DIRECTORS		13.	m r		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST FRANK		DELETE	1.1 Ti 1.2 N				
NAME	AGOSTO, FRANK					ADDRESS		
STREET ADDRESS	629 BABLONICA DRIVE ORLANDO FL					1		
CITY-ST-ZIP TITLE	SEST				1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME	SANCHEZ, MANUEL PEREZ			2.2 N	AME		<del>-</del>	
STREET ADDRESS	6775 14TH ST. S.			2.3 S	2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.40	2. 4 CITY+ST-ZIP			
TITLE	VD .				ITLE		Change Addition	
NAME	ARIAS, TONNY			3.2 N			i	
STREET ADDRESS	10954 SW 157TH TERR					ADDRESS		
CITY-ST-ZIP				3.4. ( 4.1 T	CITY-S	ST-ZIP	Change Addition	
TITLE	D Pagan, Ignacio				NAME			
NAME STREET ADDRESS	5463 36TH AVE N			•		ADDRESS		
	ST PETERSBURG FL			1	ITY-S		· ·	
TITLE	TD		DELETE	5.1 T			Change Addition	
NAME	TORRES, FLORENCIO			5.2 N	IAME			
STREET ADDRESS	12621 CRAYFORD AVE			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL			5.4 0	ITY-S	T-ZIP		
TITLE	MBD		DELETE	6.1 T	ITLE		Change Addition	
NAME	RAMOS, JOSE RENATO			6.2 N	IAME			
STREET ADDRESS	830 NW 210 ST BLD 6 APT 1	05		6.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL				ITY-S	47 A - A - A - A	in Continue 440 07/00/0 Classical Contract of Contract	
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 cath; that I am an officer or director of the corporation or the receiver of 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 a later point with an address.								

04/06/98

813-237-6574