## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

719629

(8)

## GENEZARET PENTECOSTAL CHURCH AND REFUGEE CENTER,

Mailing Address

## **FILED** Mar 20 1997 8:00am Secretary of State



2378 SW 18 ST. MIAMI FL 33145		2378 SW 18 ST. Miami Fl 33145-2428									
						3. Date Incorporated or Qualified 11/03/1970		a. Date of Last Report 07/02/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Ap	plied F	or
21 23 78 SW 18 57 26 2378 SW					:	65-0202055		[	No	ot Applic	cable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Maul Tla 27 Maul T.						5. Certificate of Status Desired					
City & State	15	City & State				Election Campaign Financing     Trust Fund Contribution					
Žip (4)	Country 25	Zip 29	Cour	ntry	I	This corporation has liability for Florida Statutes	intangible Yes [		nder s	. 199.03	32,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered	Agent			
				81	Name						
VAZQUE	z, pedro, p.d.		}	62	Street /	Address (P.O. Box Number is Not Acceptate	ole)			***********	
2378 SW 18 ST.					Ollocit	Todalogo (1.15), Box Hamber to Hot Floodplot	,,,,				
MIAMI FL			[	83							
			}	84	City			85	Zip	Code	
					L		<u> FL</u>	Ш.		~~~~	
office or re agent. Lar	egistered agent, or both, in the Stat in familiar with, and accept the obliq	oz and 017.1506, Florida State e of Florida. Such change was gations of, Section 617.0503, I	s authorized Florida Statu	i by	the corps.	corporation submits this statement for the poration's board of directors. I hereby acce	pt the app	ointm	ent as	registe	red
SIGNATURE _	Stgrat iro Typed or proted name of registered a		OTE: Registered	Age	ant signature	required when reinstating)	DATE				
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND				
TITLE	PD	☐ DELETE	1.1 7(7	LE				Πc	hange	∐ Ad	ddition
NAME	vazquez, pedro		1.2 NA	ME	i						
STHEET ADDRESS	2378 SW 18 ST.		1.3 \$1	REET	ADDRESS .						
CITY-ST-7:F	MIAMI FL 33145		1.4 CiT		IT-ZIP	·		<del>, ,</del>		<del></del>	
TITLE	PD	☐ DELETE	2.1 7(1						hange	L. Ad	ddition
NAME	CASTRO, HUGO		22 NA								
STREET ADDRESS	11325 N.W. 88 AVE.				ADDRESS						
CHY-ST-ZIP	MIAMI FL	DEL CAT			ST-ZIP			I 1 A			(are:
TITLE	SD	DELETE	3.1 TIT		İ			[] C	nange	[] A	ddition
NAME:	CASTRO, DIGNA		3.2 NA		ļ						
STREET ADDRESS	11325 N.W. 88 AVE.				I ADDRESS						
CITY - ST - ZIP	MIAMI FL	L. Det exe	34. C	****	ST-ZIP			T 1 4		—	J 4 6 2 4 1
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NAME			4. 2 N/								
STREET ADDRESS					T ADDRESS						
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TITLE			5.1 [1]					L., (	nange	LI A	Addition
NAME			5.2 NA								
STREET ADDRESS					f Address						
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3)11(		DELETE	6.1 717					L 0	hange	L A	ddition
NAME			6.2 NA		ļ						
STREET ADDRESS					T ADDRESS						
CITY ST-7IP	<u></u>				ST-ZIP	tated in Section 119 07(3)(i). Florida Statute		-			

I do noteroly certify that me information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Thirried certify that me information 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.

SIGNATURE: