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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 # 719629

1. Corporation Name
GENEZARET PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.

Principal Place of Business 1718 W. FLAGLER ST. MIAMI FL 33135	Mailing Address 1718 W. FLAGLER ST. MIAMI FL 33135
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 11/03/1970	4. FEI Number 65-0202055	Applied For Not Applicable
22	23	24	25	26
27	28	29	30	31

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
VASQUEZ, RUBEN 1718 W. FLAGLER ST. MIAMI FL 33135		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83
		84 City	85 Zip Code	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 required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, PEDRO	1.2 NAME	
STREET ADDRESS	2378 SW 18 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, LUZ	2.2 NAME	
STREET ADDRESS	2870 NW 18TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, GRACELEANO	3.2 NAME	
STREET ADDRESS	1645 SW 9TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, RUBEN	4.2 NAME	
STREET ADDRESS	2469 SW 53RD TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, JORGE	5.2 NAME	
STREET ADDRESS	900 W 53RD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNDORA, BENITO	6.2 NAME	
STREET ADDRESS	3557 NW 35TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	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: PEDRO VASQUEZ DATE: 3-20-99 DAYTIME PHONE #: 305 460 6154