FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 741581**

1. Corporation Name

PENIEL CHRISTIAN CHURCH, INC.

Principal Place of Busines
5301 GODDARD AVE. ORLANDO FL 32810-5437
UNLANDO PL 32010-3437
119

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P.O. BOX 608427 ORLANDO FL 32860-8427

FILED May 10, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

21		26					02/03/13/0				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number		App	olied For	
22	27						59-1829959		Not	Applicable	
City & State							E O difference of Other Desired		\$8.75 A	dditional	
23		28					5. Certifcate of Status Desired		Fee Red	quired	
Zip	Country		Zip	Country	,		6. Election Campaign Financing 55.0			May Be	
24	25	29 30					Trust Fund Contribution		Added to	*	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
- Country					IN	Name					
04406 84545											
RAMOS, RAFAEL					82 Street Address (P.O. Box Number is Not Acceptable)						
1000 MELLER WAY					+				_		
ORLANDO FL 32825									_		
	. *			84	C	City		FL	85 Zip C	ode	
44. 5 A 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2											
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											
	Signature, typed or printed name of registered agent at			Registered Age	nt sig	nature required v	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
12.	0110210711001120.0.10			1.1 TITLE			ADDITIONO, BITTANGEO TO CIT	102/10/11/2	Change	Addition	
TITLE	PD PARTY										
NAME	RAMOS, RAFAEL		1.2 N								
STREET ADDRESS	1000 MELLER WAY		1.3 S			DRESS				}	
CITY-ST-ZIP	ORLANDO FL				ST-ZII				<u></u>	The delice	
TITLE	SD		X DELETE	2.1 TITLE	5	D Mi	chelle RiverA		Change	Addition	
NAME	RIVERA, MARIBEL		2.2 N							1	
STREET ADDRESS	17 BEXLEY BOULEVARD 235			2.3 STREE	TAD	DRESS P. A	BOX 150581				
CITY-ST-ZIP	OCOEE FL 34761 2			2.4 CITY-	ST-Z	PAN	Altamante Springs FL 32715				
TITLE	D DELETE 3			3.1 TITLE		V	PT ' J'		Change	☐ Addition	
NAME	RODRIGUEZ, ELIU	UEZ. ELIU				İ	•			1	
STREET ADDRESS	1100 SUNCREST DRIVE			3.3 STREE	T ADI	DRESS					
CITY-ST-ZIP	APOPKA FL 32703			3.4. CITY-1	ST-ZI	P					
TITLE	T		DELETE	4.1 TITLE			rb		Change	Addition	
NAME	HARTLINE, PAUL		/\	4. 2 NAME		En	rique L. Segarr	a			
STREET ADDRESS	2338 WOODLEAF COURT			4.3 STREE		DRESS 219	3 Atherstone Ct.	•			
	ORLANDO FL 32837			4.4 CITY-5		LA	Nawood, FL 32-			į	
CITY-ST-ZIP TITLE	VPT		DELETE	5.1 TITLE		7	73-000	• - 1	Change	Addition	
	INEZ. SIERRA		~	5.2 NAME		ro.	ferino Acevedo	Ja.		()	
NAME	9319 LARETTA DR.			5.3 STREE	T AD		5 JAIAPA DR	· •		İ	
STREET ADDRESS				5.4 CITY-5		, 17	issimmer, FL	34711	3		
CITY-ST-ZIP	ORLANDO FL		☐ DELETE	6.1 TITLE			1771 MINUTE , FT	<u> </u>	☐ Change	Addition	
TITLE -				6.2 NAME		\				ا المحادث	
NAME	· . ·			6.2 NAME	T AC	DOESS					
STREET ADDRESS											
CITY-ST-ZIP	ertify that the information supplied with	=-		6.4 CITY-5			-tion 440 07/3Vi) Florida Statuta - 1	further so-ti	5, that the i-	formation	
14 barabu c	need that the intermetion condical with	thic filli	na does not auslifu for t	TIE EVAMO	ricin	scared in Se	ganas i is uzranio fionos aistules. I	ranner celli	A THOUGHT IN IN	HOLLING GOLD	

indicated on this annual report or supplied with all similing does not qualify for the exemption stated in Section 119.07(3)(j), 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.