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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:09

DOCUMENT # 760889 (6)

1. Corporation Name

SOUTHEASTERN SPANISH DISTRICT COUNCIL OF THE ASS EMBLIES OF GOD, INC.

Principal Place of Business	Mailing Address
P O BOX 620847 ORLANDO FL 32862-0847 US	P O BOX 620847 ORLANDO FL 32862-0847 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1981
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-1935588 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 850-California Woods	26
Suite, Apt. #, etc. 22 Circle	Suite, Apt. #, etc. 27
City & State 23 Orlando FL.	City & State 28
Zip 24 32824 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

RODRIGUEZ, EDWARD
850 CALIFORNIA WOODS CIR.
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, EDWARD	1.2 NAME	
STREET ADDRESS	1316 LUCAYA CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	CHUNG, WILLIAMS	2.2 NAME	
STREET ADDRESS	4371 NW 193RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, EDWARD	3.2 NAME	
STREET ADDRESS	11416 CARDIFF DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ESPINOSA, JOSE	4.2 NAME	
STREET ADDRESS	5036 SW 28TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	RAMOS, FRANCISCO	5.2 NAME	Perez Orlando
STREET ADDRESS	1400 W 53RD STREET	5.3 STREET ADDRESS	901 Alsace Dr.
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Kissimmee, FL.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Edward Martinez Jan. 17, 1995 407-892-9861
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0038008