

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:12

DOCUMENT # **N27034 (0)**
1. Corporation Name
ASSEMBLY OF CHRISTIAN CHURCHES, ASAMBLEA DE IGLESIAS CRISTIANAS, IGLESIA PENTECOSTAL EBENEZER, I

Principal Place of Business Mailing Address
P.O. BOX 051301 FT. MYERS FL 33905 P.O. BOX 051301 FT. MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1988** 3a. Date of Last Report **02/11/1994**
4. FEI Number **65-0066393** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. BOX 051301
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 FORT MYERS FL.
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**TORRES, MANUEL
13113 CARIBBEAN BLVD
FT MYERS FL 33905**

10. Name and Address of New Registered Agent
81 Name **TORRES, ANA M.**
82 Street Address (P.O. Box Number is Not Acceptable) **13113 CARIBBEAN BLVD.**
83 City & State **FORT MYERS FL. 33905**
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 *[Signature]* DATE **4/28/95**
Sign and type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	TORRES, MANUEL
STREET ADDRESS	13113 CARIBBEAN BLVD.
CITY - ST - ZIP	FT. MYERS FL
TITLE	SD
NAME	LADRIYE, BELKYS
STREET ADDRESS	13343 S.E. 2ND ST.
CITY - ST - ZIP	FT. MYERS FL
TITLE	TD
NAME	ADORNO, ANNA
STREET ADDRESS	2255 8TH ST.
CITY - ST - ZIP	LEHIGH ACRES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TORRES, ANA M.
13 STREET ADDRESS	13113 CARIBBEAN BLVD.
14 CITY - ST - ZIP	FORT MYERS, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	SD
22 NAME	LADRIYE, BELKYS
23 STREET ADDRESS	2264 WINKLER AVE.
24 CITY - ST - ZIP	FORT MYERS, FL. 33901 <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	TD
32 NAME	ADORNO, ANA
33 STREET ADDRESS	2221 E. 5th STREET
34 CITY - ST - ZIP	LEHIGH ACRES, FL. 33936 <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	VICE-PRESIDENT VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	PEREZ, LUIS
43 STREET ADDRESS	4255 BALLARD RD.
44 CITY - ST - ZIP	FORT MYERS, FL. 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	SUB-TREASURER S+D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CANDIDA M. SERRANO
53 STREET ADDRESS	13343 S.E 2nd STREET
54 CITY - ST - ZIP	FORT MYERS, FL. 33905 <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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: *[Signature]* DATE **4/28/95** (813) 694-8816
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR