

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34983 (9)
1. Corporation Name
NARROW DOOR PENTECOSTAL CHURCH OF GOD M.I. INC.

Principal Place of Business
229 14TH ST.
HAINES CITY FL 33845
US

Mailing Address
229 14TH ST.
HAINES CITY FL 33844
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1989		3a. Date of Last Report 03/05/1996	
21		26		4. FEI Number 59-2978215		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
City & State		City & State		Country		Country	
HAINES CITY FL		HAINES CITY FL		POIK		POIK	
Zip		Zip		Country		Country	
33845		33845		POIK		POIK	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHAPARRO, PABLO REV. 229 14TH STREET HAINES CITY FL 33844				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 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	DP	1.1 TITLE	T
NAME	CHAPARRO, PABLO	1.2 NAME	EDUARDO BERDECA
STREET ADDRESS	229 14TH ST	1.3 STREET ADDRESS	216 CHILICA POINCAIN
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	KISSA FL 34759
TITLE	DV	2.1 TITLE	
NAME	HERIBERTO JUAREZ	2.2 NAME	
STREET ADDRESS	DOUGLAS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33803	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	RAMIROZ, RUBEN	3.2 NAME	SANTOS HERIBERTO
STREET ADDRESS	43 OAKRIDGE DR.	3.3 STREET ADDRESS	518 MAGPIE LANE
CITY-ST-ZIP	W. FROSTPROOF FL 33843	3.4 CITY-ST-ZIP	KISS FL 34759
TITLE	S	4.1 TITLE	
NAME	MACY, JOSE F	4.2 NAME	
STREET ADDRESS	3301 MAKER AVE., # 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	CARMEN, CHAPARRO	5.2 NAME	
STREET ADDRESS	122 CITRUS RICE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	BOTTES JOSEPH	6.2 NAME	VALENTIN MANSO
STREET ADDRESS	1403 BIRCH STREET	6.3 STREET ADDRESS	518 - Royal Palm, DR.
CITY-ST-ZIP	FORT PIERCE FL 34947	6.4 CITY-ST-ZIP	KISS FL 34759

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

Rev Pablo Chaparro - 3-9-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076879

CR2E037 (9/96)