

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 27 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34983

1. Corporation Name

NARROW DOOR PENTECOSTAL CHURCH OF GOD M.I. INC.

Principal Place of Business

229 14TH ST.
HAINE CITY FL 33845
US

Mailing Address

P.O. BOX 836
HAINE CITY FL 33845



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/30/1989

4. FEI Number

59-2978215

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPARRO, PABLO REV.
229 14TH STREET
HAINE 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

TITLE DP ☐ DELETE

NAME CHAPARRO, PABLO
STREET ADDRESS 229 14TH ST
CITY-ST-ZIP HAINE CITY FL

TITLE V ☐ DELETE

NAME HERIBERTO JUAREZ
STREET ADDRESS DOUGLAS RD
CITY-ST-ZIP WAUCHULA FL 33803

TITLE D ☐ DELETE

NAME SANTOS, ALBERTO
STREET ADDRESS 511 MAGPIE LANE
CITY-ST-ZIP KISS FL 34759

TITLE S ☐ DELETE

NAME MACY, JOSE F
STREET ADDRESS 3301 MAKER AVE., # 102
CITY-ST-ZIP HAINE CITY FL 33844

TITLE TC ☐ DELETE

NAME CARMEN, CHAPARRO
STREET ADDRESS 122 CITRUS RICE
CITY-ST-ZIP HAINE CITY FL

TITLE D ☐ DELETE

NAME VALENTIN, MANSO
STREET ADDRESS 513 ROYAL PALM DR.
CITY-ST-ZIP KISS FL 34743

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. P. Chaparro 5-14-99

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