## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N93000000845 (8)

**DOCUMENT #** HOUSE OF PRAISE-KENDALL, INC. NOW Champions articach MINISTRIES, Inc.

Principal Place of Business 12114 SW 117 CT 12114 SW 117 CT MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Benort 03/19/1993 04/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0394053 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Г٦ Trust Fund Contribution 23 28 Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Yes XNo 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SARRAGA, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 82 12114 SW 117 CT C/O HOUSE OF PRAISE-KENDALL **MIAMI FL 33186** 84 City Zip Code 85 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 DATE Signature, typed or printed name of registered agent and title I applicable (NOTE: Registered Agent signature required wheir reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 TITLE DELETE 1.1 TIFLE Change ☐ Addition SARRAGA, ALEXANDER NAME 1.2 NAME 13527 SW 114TH PL STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY - ST - ZiP DELETE Addition Change TITLE 2.1 TITLE SARRAGA, SANDRA NAME 2.2 NAME 13527 SW 114TH PL STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** DITY-ST-ZIP 2. 4 CITY - SI - ZIP DELETE Change ☐ Addition TITLE 31 THELE VARGAS, RAUL NAME 3.2 NAME 8516 SW 1ST TERRACE STREET ADORESS 3.3 STREET ADDRESS **MIAM! FL 33174** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE VAZQUEZ, CARMEN 4. 2 NAME NAME 15030 SW 104TH STREET #2017 STREET ADDRESS 4.3 STREET ADDRESS 700001797977 **MIAMI FL 33196** CITY-ST-ZIP 4.4 CITY-ST-ZIP -04/29/96--01029--023Change DELETE Addition TITLE 51 TITLE \*\*\*61.25 52 NAME NAME STREET ADDRESS 53 STHEET ADDRESS 54 CiTY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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

appears in Block 12 or Block 13 if changed

certify that the information indicated on this any lal 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 oceiver 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 changing, or on an attachment with an address.

(12/95)

**CR2E037**