

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000003656 (5)**

1. Corporation Name

**CHARISMATIC ECUMENICAL MINISTRIES INTERNATIONAL OF JACKSONVILLE, INC.**



Principal Place of Business: **8541 MCGLOTHLIN ST JACKSONVILLE FL 32210**  
Mailing Address: **8541 MCGLOTHLIN ST JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified: **07/21/1994**  
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business: **21 2923 WATERS VIEW CIRCLE**  
2a. Mailing Address: **26 2923 WATERS VIEW CIRCLE**

4. FEI Number: **59-3263138**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22 ORANGE PARK, FL**  
27. Suite, Apt. #, etc.: **ORANGE PARK, FL**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**  
28. City & State:

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24 32073** Country: **25**  
29. Zip: **32073** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CANDELARIA, JESSE L  
8541 MCGLOTHLIN ST  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent  
81 Name: **CANDELARIA, JESSE L**  
82 Street Address (P.O. Box Number is Not Acceptable): **2923 WATERS VIEW CIRCLE**  
83  
84 City: **ORANGE PARK FL** 85 Zip Code: **32073**

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: **JESSE L. CANDELARIA - PRESIDENT -** **4-04-96**  
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 1/2	
TITLE: <b>D</b>	<b>CANDELARIA, JESSE L 8541 MCGLOTHLIN ST JACKSONVILLE FL 32210</b>	<input type="checkbox"/> DELETE	
TITLE: <b>D</b>	<b>CORTES, EDMAR D 11127 CHESTER RD JACKSONVILLE FL 32210</b>	<input type="checkbox"/> DELETE	
TITLE: <b>D</b>	<b>VEGA, RUFFINS D 1865 WELLS RD APT 263 ORANGE PARK FL 32073</b>	<input checked="" type="checkbox"/> DELETE	
TITLE: <b>D</b>	<b>DESUYO, JIMMY B 8378 CHIMNEY OAKS DR JACKSONVILLE FL 32244</b>	<input type="checkbox"/> DELETE	
TITLE: <b>D</b>	<b>DE CASTRO, BELINDA 7445 SWEET ROSE LN JACKSONVILLE FL 32244</b>	<input type="checkbox"/> DELETE	
TITLE:		<input type="checkbox"/> DELETE	

1.1 TITLE: <b>P</b>	<b>CANDELARIA, JESSE L 2923 WATERS VIEW CIRCLE ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: <b>V</b>	<b>CORTES, EDMAR D 11127 CHESTER RD JACKSONVILLE, FL 32236</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: <b>S</b>	<b>CENTENO, EDUARDO M 6589 TOWNSEND RD., LOT #103 JACKSONVILLE, FL 32244</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	<b>300001779899 -04/15/96--01048--002 ***61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: <b>T</b>	<b>DE CASTRO, BELINDA 7445 SWEET ROSE LN JACKSONVILLE, FL 32244</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **EDUARDO M. CENTENO** **8 APR 96** **(904) 771-3097**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**SG 4-12-96**

CR2E037 (12/95)