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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003656 (5)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**2923 WATERS VIEW CIR
ORANGE PARK FL 32073**

**2923 WATERS VIEW CIR
ORANGE PARK FL 32073-2277**



3. Date Incorporated or Qualified 07/21/1994	3a. Date of Last Report 04/12/1996
4. FEI Number 59-3263138	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANDELERIA, JESSE L
2923 WATERS VIEW CIR
ORANGE PARK FL 32073**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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 **REV. JESSE L CANDELERIA**

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CANDELERIA, JESSE L	1.2 NAME	
STREET ADDRESS	2923 WATERS VIEW CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CORTES, EDMAR D	2.2 NAME	
STREET ADDRESS	11127 CHESTER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CENTENO, EDUARDO	3.2 NAME	
STREET ADDRESS	6539 TOWNSEND RD LOT 183	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DESUYO, JIMMY B	4.2 NAME	
STREET ADDRESS	8378 CHIMNEY OAKS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	DE CASTRO, BELINDA	5.2 NAME	
STREET ADDRESS	7445 SWEET ROSE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 21, 1997 (904) 779-5185

Date

Daytime Phone # 0001072

CR2E037 (9/96)