FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N95000004589 (6)

EL BETHEL TABERNACLE COMMUNITY OUTREACH MINISTRI ES OF THE P.A.W., INC.

Principal Place of Business 18200 NW 22ND AVE MIAMI FL 33056

SIGNATURE: _

Mailing Address

18200 NW 22ND AVE MIAMI FL 33056



2. Principal	Place of Business	2- 4-2-			09/25/1995	3a. Date of Last Report 09-25-95	
21		2a. Mailing Address		4. FEI Number	Applied	For	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				Not App	olicable
22		27			5. Certificate of Status Desired	\$8.75 Addition	onal
City & Sta	ate	City & State				Fee Require	
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May	Be
Zip	Country Zip		Country	,		Added to Fee	3S
24	25	29	30		8. This corporation has liability for int Florida Statutes	angible tax under s. 199.03; - Yes ☑ No	2,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	istered Agent	
			81	Name		- Andrew Agent	
EALEY, BEATRICE J				Street Add	ress (P.O. Box Number is Not Acceptable)		
18200 NW 22ND AVE			82	0.0007100	se recess (* 1.5). Box number is not Acceptable)		
MIAMI FL 33056			83	83			
			84	City			
11 Purcuant	to the provisions - EQ					FL 85 Zip Code	
or registe	ered agent, or both, in the State of Fig.	02 and 617.1508, Florida Statui	tes, the above-n	named corpor	ration submits this statement for the purpored of directors. I hereby accept the species	se of changing its registeres	d office
	The every the congulations of, de	Cuci o i r. Uous, Florida Statuta	s.	oration's boar	ration submits this statement for the purpord of directors. I hereby accept the appoint	ment as registered agent.	am
SIGNATURE	4						
12.	Signature, typed or printed name of registered age	ent and little it applicable (No	DTE Registered Agent	signature required	d when reinstating)	DATE	
TITLE	D OFFICERS A	TO DIFIEOTORIS	13.		ADDITIONS/CHANGES TO OFFICE		,
NAME	4	DELETE	1.1 TITLE			☐ Change ☐ Add	
STREET ADDRESS	EALEY, BEATRICE J		12 NAME				
CITY-ST-ZIP	2310 NW 175TH ST		1.3 STREET /	ADDRESS			
TITLE	MIAMI FL 33056		1.4 CITY - ST	- ZIP			
NAME	D DAVID IONOS I	□ DELETE	21 TITLE			☐ Change ☐ Add	ition
STREET ADDRESS	DAVIS, JOYCE L		2 2 NAME				to on
CITY-ST-ZIP	1877 SW 94TH AVE		2.3 STREET A	NDDRESS			
TITLE	MIRAMAR FL		2 4 CITY-ST	- ZIP			
NAME	D Company	DELETE	3.1 THTLE			☐ Change ☐ Addi	ition
STREET ADDRESS	MURPHY, EDWIN M		3 2 NAME				11071
CITY-ST-ZIP	18430 NW 38TH CT		3 3 STREET A	DDRESS			
TITLE	MIAMI FL 33055		3 4 CITY-SI	· ZIP			
NAME		DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addit	tion
STREET ADDRESS			4 2 NAME]			
CITY-ST-ZIP			4.3 STREET AL	DORESS			
TITLE			44 CITY-ST-	ZIP	_		
NAME		DELETE	5 1 THILE		4000001852	Beninge Addit	tion
STREET ADDRESS			5 2 NAME		-06/06/9601016	007	- 1
CITY-ST-ZIP			5 3 STREET AC	DDRESS	***61.25		
TLE			54 CITY-ST-	ZIP			
IAME		DELETE	61 TITLE			☐ Change ☐ Additi	ion
TREET ADDRESS			6.2 NAME			Ş- Nudili	
CITY-ST-ZIP			63 STREET AD	DRESS			
4. I do hereby	certify that the information supplied	with this files is a large	6 4 CITY - ST - 2			16-05-199	161
certify that	the information indicated on this annu	with this filing is voluntarily furnis tal report or supplemental annu-	shed and does n	ot qualify for	the exemption stated in Section 119.07(3) and that my signature shall have the same report as required by Chanter 617. Florida	(k), Florida Statutes, I further	*
appears in	arri an officer or director of the corpo Block 12 or Block 13 if changed or a	pration or the receiver or trustee	empowered to	execute this r	erior that my signature shall have the same eport as required by Chapter 617, Florida	legal effect as if made und	ler
	the case	P Sugar Transit Will all addre	55.		and that my signature shall have the same report as required by Chapter 617, Florida	omatos, and trial my name	'_
SIGNATI	URE: _ XUYUU O	. May	JOYCE	1.1	DAVIS 3/17/96	305-621-66	,95
	<i>U U</i>	Or Signing OFFICER	ON UNRECTOR		Date	Daytime Phone #	