

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90091 019 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000006388 ✓

1. Corporation Name

MONTE HOREB CHURCH ASSEMBLY OF GOD, INC.

Principal Place of Business

Mailing Address

7133 BAY DRIVE, # PH-3  
 MIAMI BEACH, FLORIDA 33141

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 1228 NORMANDY DRIVE

26 7098 BONITA DRIVE

11-10-98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 MIAMI BEACH, FLORIDA

27 MIAMI BEACH, FL

65-0875605

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 MIAMI BEACH, FLORIDA

28 MIAMI BEACH, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

Zip Country

24 33141 25 US

29 33141 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSE F DA ROCHA  
 7133 BAY DRIVE, # PH-3  
 MIAMI BEACH, FLORIDA 33141

81 Name JOSE F. DA ROCHA

82 Street Address (P.O. Box Number is Not Acceptable)  
 7441 WAYNE AVENUE, # 100

83

84 City MIAMI BEACH FL 85 Zip Code 33141

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
 NAME DA ROCHA, JOSE F  
 STREET ADDRESS 7133 BAY DRIVE, # PH-3  
 CITY-ST-ZIP MIAMI BEACH, FL 33141

1.1 TITLE DP  Change  Addition  
 1.2 NAME DA ROCHA, JOSE F  
 1.3 STREET ADDRESS 7441 WAYNE AVENUE, # 100  
 1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE DV DA ROCHA, MARIA ALENCAR  DELETE  
 NAME DV DA ROCHA, MARIA ALENCAR  
 STREET ADDRESS 7133 BAY DRIVE, # PH-3  
 CITY-ST-ZIP MIAMI BEACH, FL 33141

2.1 TITLE DV  Change  Addition  
 2.2 NAME MARIA ALENCAR DA ROCHA  
 2.3 STREET ADDRESS 7441 WAYNE AVENUE, # 100  
 2.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33141

TITLE DST  DELETE  
 NAME MARTINS, DINO  
 STREET ADDRESS 7133 BAY DRIVE, # PH-3  
 CITY-ST-ZIP MIAMI BEACH, FL 33141

3.1 TITLE D  Change  Addition  
 3.2 NAME MARTINS, DINO  
 3.3 STREET ADDRESS 1800-71ST JOHN F. KENNEDY CSWY# 305  
 3.4 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE ST  Change  Addition  
 4.2 NAME RITA A. LIMA  
 4.3 STREET ADDRESS 1780 MARSEILLES DRIVE DR. # 01  
 4.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33141

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* President 4-28-99 (305) 867-5099

CR2E037 (11/98)