

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$395**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 25 AM 8:08

**DOCUMENT # 731832 (2)**  
1. Corporation Name  
**PENTECOSTAL CHURCH THE LIGHT OF THE WORLD**

Principal Place of Business		Mailing Address	
1142 N W 19TH ST PO BOX 5692 FT LAUDERDALE FL 33310		1142 N W 19TH ST PO BOX 5692 FT LAUDERDALE FL 33310	
2. Principal Place of Business	2a. Mailing Address	DO NOT WRITE IN THIS SPACE	
21	26	3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/11/1975	05/01/1994
22	27	4. FEI Number	Applied For
City & State	City & State	65-0054945	Not Applicable
23	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> <b>FILING FEE IS \$61.25</b>
	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JUAN OQUENDO  
6900 SW 26TH ST.  
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

61 Name  
62 Street Address (P.O. Box Number is Not Acceptable)  
63  
64 City **FL** 65 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEL VALLE, AURELIO</b>	12 NAME	
STREET ADDRESS	<b>1206 NW 11TH ST</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>PD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OQUENDO, JUAN</b>	22 NAME	
STREET ADDRESS	<b>6900 S.W. 26TH ST.</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIRAMAR FL</b>	24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LEON, MARY ANN</b>	32 NAME	<b>NIEVES, ISRAEL</b>
STREET ADDRESS	<b>2360 N.W. 63RD AVE.</b>	33 STREET ADDRESS	<b>2050 S.W. 61 AVE.</b>
CITY - ST - ZIP	<b>SUNRISE FL</b>	34 CITY - ST - ZIP	<b>MIRAMAR, FL 33023</b>
TITLE	<b>T</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTELLAROS, MARTHA</b>	42 NAME	<b>DORIS FIGUEROA</b>
STREET ADDRESS	<b>3101 NW 47TH TERR #134</b>	43 STREET ADDRESS	<b>5108 N.W. 1 AVE.</b>
CITY - ST - ZIP	<b>LAUDERDALE LAKES FL</b>	44 CITY - ST - ZIP	<b>FORT LAUD., FL. 33309</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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: Juan A. Oquendo JUAN A. OQUENDO 7/16/95 205-463-2470  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (3/95)