

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

Mailing Address

**8541 MCGLOTHLIN ST
JACKSONVILLE FL 32210**

**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

2a. Mailing Address

21 **2923 WATERS VIEW CIRCLE**

26 **2923 WATERS VIEW CIRCLE**

4. FEI Number
59-3263138

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **ORANGE PARK, FL**

27 **ORANGE PARK, FL**

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

City & State

City & State

23 **ORANGE PARK, FL**

28 **ORANGE PARK, FL**

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

Zip

Country

Zip

Country

24 **32073**

25

29 **32073**

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

10. Name and Address of New Registered Agent

**CANDELERIA, JESSE L
8541 MCGLOTHLIN ST
JACKSONVILLE FL 32210**

81 Name **CANDELERIA, 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. CANDELERIA - PRESIDENT -**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-04-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CANDELERIA, JESSE L**
STREET ADDRESS **8541 MCGLOTHLIN ST**
CITY - ST - ZIP **JACKSONVILLE FL 32210**

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **CANDELERIA, JESSE L**
1.3 STREET ADDRESS **2923 WATERS VIEW CIRCLE**
1.4 CITY - ST - ZIP **ORANGE PARK, FL 32073**

TITLE **D** ☐ DELETE
NAME **CORTES, EDMAR D**
STREET ADDRESS **11127 CHESTER RD**
CITY - ST - ZIP **JACKSONVILLE FL 32210**

2.1 TITLE **V** ☐ Change ☐ Addition
2.2 NAME **CORTES, EDMAR D**
2.3 STREET ADDRESS **11127 CHESTER RD**
2.4 CITY - ST - ZIP **JACKSONVILLE, FL 32236**

TITLE **D** ☒ DELETE
NAME **VEGA, RUFFINS D**
STREET ADDRESS **1885 WELLS RD APT 263**
CITY - ST - ZIP **ORANGE PARK FL 32073**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **CENTENO, EDUARDO M**
3.3 STREET ADDRESS **6589 TOWNSEND RD., LOT #103**
3.4 CITY - ST - ZIP **JACKSONVILLE, FL 32244**

TITLE **D** ☐ DELETE
NAME **DESUYO, JIMMY B**
STREET ADDRESS **8378 CHIMNEY OAKS DR**
CITY - ST - ZIP **JACKSONVILLE FL 32244**

4.1 TITLE **000001779899** ☐ Change ☐ Addition
4.2 NAME **-04/15/96--01046 -002**
4.3 STREET ADDRESS *****61.25**
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **DE CASTRO, BELINDA**
STREET ADDRESS **7445 SWEET ROSE LN**
CITY - ST - ZIP **JACKSONVILLE FL 32244**

5.1 TITLE **T** ☐ Change ☐ Addition
5.2 NAME **DE CASTRO, BELINDA**
5.3 STREET ADDRESS **7445 SWEET ROSE LN**
5.4 CITY - ST - ZIP **JACKSONVILLE, FL 32244**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO M. CENTENO

8 APR 96

(904) 771-3097

Date

Daytime Phone

SG 4-12-96

CR2E037 (12/95)