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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N40127

(5)

MINISTRY OF HELP AND EVANGELISM "CHRIST LOVES YOU", INCORPORATED

Principal Place of Business

Mailing Address

FILED Feb 11 1997 8:00am Secretary of State

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17920 NW 44TH AVE PO BOX 172153 MIAMI FL 33055-3330 HIALEAH FL 33017-2153 US			3. Date Incorporated or Qualified 09/24/1990	3a. Date of Last 02/05/19			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	1 7	applied For	
21 17920 NW KILTE FIVE.	26 ROBOK	17211	<u> 3</u>	65-0343193		lot Applicable	
Suite. Apt. #, etc. 22 City & State	27			5. Certificate of Status Desired		Additional lequired	
23 MiAmi FL. 33 WJV- 3330	City & State 28 / ALLAH T	<i>l</i> .		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country 25 U.S.A.	Country 25 U.S.A. 29 33017-2173 30 USA. B. This corporation has liability for intangible tax under s. 199.032						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
		81	Name				
CARDONA, ANA C 17920 NW 44TH AVE			82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL		83	' [ŧ	
· ·		84	1			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 lapplier with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE							
Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Λ¢	jent signature	required when reinstating)	DATE		
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE PD NAME CARDONA, ANA C	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME CARDONA, ANA C STREET ADDRESS 17920 NW 44TH AVE		1.2 NAME	T ADDRESS				
CITY-ST-ZIP OPA LOCKA FL		1.4 CITY-	1			}}	
TITLE VD	DELETE.	2.1 TITLE	Ψ1-ξII	PD .	E Change	Addition	
NAME CARDONA, JAIME	-	2.2 NAME		CARDONA ELICIER			
STREET ADDRESS 17920 NW 44TH AVE				CHROWN, CHEECIC		_	
CITY-ST-ZIP OPA LOCKA FL		23 STREE	T ADDRESS	CARDONA ELIGIER 17920 NW KATH AVE		_	
		23 STREE 2 4 City-	ST - ZIP	OPALOCKA FL. 33255			
TITLE TD	₩ DELETE	2 4 CITY- 3.1 TITLE	ST - ZIP	OPALOUKA FL. 33USS	Change	Addition	
TITLE TD NAME CARDONA, ELIEZER	🔀 DELETE	2 4 CITY- 3.1 TITLE 3.2 NAME	ST - ZIP	OPA LOCKA FL. 33 W.S. TD REV. Autionic Berdien	☐ Change	Addition	
TITLE TD NAME CARDONA, ELIEZER STREET ADDRESS 17920 NW 44TH AVE	🙇 DELETE	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP	OPA LOUCA FL. 33 W.S. TD REV. Autionic BERDIAN UNUS SW. 15T. St.	☐ Change	Addition	
TITLE TD NAME CARDONA, ELIEZER STREET ADDRESS 17920 NW 44TH AVE CITY-SI-ZIP OPA LOCKA FL	_	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ST-ZIP	OPA LOCKA FL. 33455 TD. Autionic Berdien 4440 SW. 15T. ST. Miami FL. 33194			
TITLE TD NAME CARDONA, ELIEZER STREET ADDRESS 17920 NW 44TH AVE CITY-ST-ZIP OPA LOCKA FL TITLE SD	⊠ DELETE	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ST - ZIP T ADDRESS S1 - ZIP	OPA LOCKA FL. 33 W.T. TD REV. Autionic BERDION 4440 SW. 15T. St. MIAMI FL. 33194	Change		
TITLE TD NAME CARDONA, ELIEZER STREET ADDRESS 17920 NW 44TH AVE CITY-SI-ZIP OPA LOCKA FL	_	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME	T ADDRESS S1-ZIP	OPA LOCKA FL. 33455 TD REV. Autionic BERDIAN 4440 SW. 15T. ST. MIAMI FL. 33194 5D ARMANIO CHIQVIN			
TITLE NAME CARDONA, ELIEZER STREET ADDRESS CITY-ST-ZIP TITLE NAME TOMAS, LOZADA	_	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME	T ADDRESS S1-ZIP LEV. T ADDRESS	OPA LOCKA FL. 33 W.T. TD REV. Autionic BERDION 4440 SW. 15T. St. MIAMI FL. 33194			
TITLE NAME CARDONA, ELIEZER STREET ADDRESS 17920 NW 44TH AVE OPA LOCKA FL TITLE SD NAME TOMAS, LOZADA STREET ADDRESS 180 45 NW 41ST PL	_	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS S1-ZIP LEV. T ADDRESS	OPA LOCKA FL. 33455 TD REV. AUTONIO BERDION 4440 SW. 15T. ST. MIAMI FL. 33194 5D ARMANDO, CHIQVIN 730 NW 14814 ST.		Addition	
TITLE NAME CARDONA, ELIEZER STREET ADDRESS CITY-ST-ZIP TOMAS, LOZADA STREET ADDRESS CITY-ST-ZIP TITLE NAME TOMAS, LOZADA STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE D NAME PEREZ, NIDIA	⊠ DELÉTE	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS S1-ZIP ZEV. T ADDRESS S1-ZIP	OPA LOCKA FL. 33455 TD REV. AUTONIO BERDION 4440 SW. 15T. ST. MIAMI FL. 33194 5D ARMANDO, CHIQVIN 730 NW 14814 ST. MIAMI FL. 33165 D. MIAMI FL. 33165	☐ Change	Addition	
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TITLE NAME CARDONA, ELIEZER STREET ADDRESS CITY-ST-ZIP TITLE NAME TOMAS, LOZADA STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE D PEREZ, NIDIA STREET ADDRESS CITY-ST-ZIP MAIMI SPRINS FL TITLE PD	⊠ DELÉTE	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP	OPALOCKA FL. 33UST TD REV. AUTONIO BERDION 4440 SW. 15T. ST. MIAMI FL. 33194 5D ARMANDO, CHIQVIN 730 NW 14814 ST. MIAMI FL. 33168 D. ESTILE CHAMEL 5316 NW 18914. TEVY. MIAMI FL. 330V	☐ Change	Addition	
TITLE NAME CARDONA, ELIEZER STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MAMINOLA AVE MAIMI SPRINS FL	DELETE	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	S1-ZIP I ADDRESS S1-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	OPA LOCKA FL. 33455 TD REV. AUTONIO BERDION 4440 SW. 15T. ST. MIAMI FL. 33194 5D ARMANDO, CHIQVIN 730 NW 14814 ST. MIAMI FL. 33165 D. MIAMI FL. 33165	☐ Change	Addition Addition	

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.

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State Marienas/

2/4/97 (301)625-736