## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(7)

Mailing Address

MISSIONARY ASSEMBLY OF GOD, INC.

FILED	
Feb 02 1998 8:00an	ľ
Secretary of State	

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511 MONTANA		511 MONTANA AVENUE				3. Date Incorporated or Qualified
LAKELAND FL	33815	LAKELAND FL 33801				10/29/1981
US						4. FEI Number Applied For
}						<b>54-2482087</b> Not Applicable
2. Principal F	lace of Business	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional
21		26				Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution
	City & State City & State					7. Is this nonprofit corporation a homeowners association?
23		28	<u></u>			☐ Yes ☑ No
Zip	Country	Zip	_	untry	•	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30, Yes Yo
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
				"	izanie	
	DEGUAS, ANDRES			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
	ntana ave			ليا		<u> </u>
LAKELA	ND FL 33801			83		
				84	City	85 Zip Code
					,	FL
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Stat	utes, the a	bove	з-лаmed c	corporation submits this statement for the purpose of changing its registered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	a of Florida. Such change was gations of, Section 617.0503, f	lorida Sta	tutes	r trie corpo S.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
SIGNATORE,	Signature, typed or printed name of registered ag		DTE: Registere	d Age	nt signature re	equired when reinstating) , DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T	ITLE		Change Addition
NAME	CARRODEGUAS, ANDRES		1.2 N	IAME	- 1	
STREET ADDRESS	511 MONTANA AVENUE		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	LAKELAND FL		1.4 0	ITY-S	T-ZIP	
TITLE	TD	DELETE	2.1 T	ITLE		Change Addition
NAME	ALBERT, HECTOR		2.2 N	AME		;
STREET ADDRESS	236 RIDGEDALE DRIVE		2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	LAKELAND FL		2.41	OTY-S	IT-ZIP	
TITLE	SD	☐ DELETE	3.1 T			Change Addition
NAME	RIVERA, DIANE		3.2 N	AME	ŀ	4
STREET ADDRESS	1709 STAUNTON ST		338	TREET	ADDRESS	
CITY-ST-ZIP	LAKELAND FL			my-s		!
TITLE		DELETE	4.1 T			☐ Change ☐ Addition
NAME			4.21	IAME	1	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-S1	1	
TITLE		DELETE	5,1 T			Change Addition
NAME			5.1 N			
STREET ADDRESS			i i		ADDRES\$	
			- 1		- 1	
CITY-ST-ZIP TITLE		DELETE	5.4 C	TY-SI	-212	Change Addition
						- Change - Addition
NAME			6.2 N			
STREET ADDRESS					ADDRESS	1
CITY-ST-ZIP	and final and the formation and the second	sists this filling door and a siste		TY-SI		in Castian 110 07(0)(3) Florida Statutes   further castifusted the Information
indicated	ertify that the information supplied vi on this applial report or supplement	vita tals filling does not qualify al annual tenort is true and ac	ior the exi	empi d tha	ion stated it my signs	in Section 119.07(3)(i), Florida Statutes, I further certify that the information

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: