

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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

FILED
98 NOV 10 PM 3:39
SECRETARY OF STATE



| | | | |
|--|---------------------|---|--|
| Principal Place of Business 1142 N W 19TH ST PO BOX 5692 FT LAUDERDALE FL 33310 | | Mailing Address 1142 N W 19TH ST PO BOX 5692 FT LAUDERDALE FL 33310 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 02/11/1975 | 4. FEI Number 65-0054945 |
| 21 | 26 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | Applied For <input type="checkbox"/> Not Applicable |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | 28 | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 | 25 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 29 | 30 | | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent JUAN OGUENDO 6900 SW 26TH ST. MIRAMAR FL 33023 | | 10. Name and Address of New Registered Agent Virgilio Marmolejos 13450 S.W. 6th Place Davie FL 33325 | |
|---|--|---|--|

| | |
|---|---------------|
| 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: <i>Virgilio Marmolejos, PD</i> | DATE: 11/1/98 |

| | | | |
|--|---|--|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE DEL VALLE, AURELIO 1206 NW 11TH ST FT LAUDERDALE FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE PD OGUENDO, JUAN 6900 S.W. 26TH ST. MIRAMAR FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD Virgilio Marmolejos 13450 S.W. 6th PL Davie, FL 33325 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE S BONILLA, ELSA 4181 NW 16TH AVE FT. LAUDERDALE FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Ynoelia Marmolejos 13450 S.W. 6th PL Davie, FL 33325 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE T FIGUEROA, DORIS 5108 NW 1ST AVE4 FT LAUDERDALE FL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000002687500 -11/13/98-01098-007 *****61.25 *****61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|--|----------------------|
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: <i>Virgilio Marmolejos, PD</i> | 09-27-98 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |