

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005640

1. Corporation Name

FREE IN CHRIST FELLOWSHIP INC.

Principal Place of Business

724 S. FEDERAL HWY.
DANIA FL 33004
US

Mailing Address

7301 NW 45TH COURT
LAUDERHILL FL 33319

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90142 003 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

65-0627849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SURIANI, ANTONIO
7301 NW 45TH COURT
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME REYES, ROQUE OMAR
STREET ADDRESS 2501 NW 87TH LN
CITY-ST-ZIP SUNRISE FL 33322 ☐ DELETE

TITLE D
NAME MAS, JIMMY
STREET ADDRESS 9651 NW 49 CT
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

TITLE D
NAME LEWIS, DAVID
STREET ADDRESS 9279 NW 45 ST
CITY-ST-ZIP SUNRISE FL 33321 ☐ DELETE

TITLE D
NAME COLON, HENRY
STREET ADDRESS 6503 SW 10 CT
CITY-ST-ZIP N LAUDERDALE FL 33068 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Antonio Suriani
1.3 STREET ADDRESS 7301 NW 45th Court
1.4 CITY-ST-ZIP LAUDERHILL FL 33319

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Karen Suriani
2.3 STREET ADDRESS 7301 NW 45th Court
2.4 CITY-ST-ZIP LAUDERHILL FL 33319

3.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME Giovina Nevala
3.3 STREET ADDRESS 4909 NW 96th Terrace
3.4 CITY-ST-ZIP SUNRISE FL 33351

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
Antonio Suriani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(954) 748-0667

Date

Daytime Phone #

CR2E037 (11/98)

0038478