

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90007 037 ****61.25

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DOCUMENT # N40127

1. Corporation Name

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

Principal Place of Business

17920 N.W. 44TH AVE.
MIAMI FL 33055-3330
US

Mailing Address

PO BOX 172153
HIALEAH FL 33117-153
US



2. Principal Place of Business

21 17920 N.W. 44th Ave.

2a. Mailing Address

26 SAME AS #9

3. Date Incorporated or Qualified

09/24/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0343193

Applied For

Not Applicable

City & State

23 Miami, FL

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 33055-3330 25 USA.

Zip

Country

29

30

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARDONA, ANA C
17920 NW 44TH AVE
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

SAME AS #9

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 PD ☐ DELETE

NAME CARDONA, ANA C
STREET ADDRESS 17920 NW 44TH AVE
CITY-ST-ZIP OPA LOCKA FL

TITLE PD ☐ DELETE

NAME CARDONA, ELIEZER
STREET ADDRESS 17920 N.W. 44TH AVE
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE TD ☐ DELETE

NAME BERDION, ANTONIO REV.
STREET ADDRESS 4440 S.W. 1ST ST.
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME CHIUQUIN, ARMANDO REV.
STREET ADDRESS 730 N.W. 140TH ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CHAREZ, ESTHER
STREET ADDRESS 5316 N.W. 189TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CRESPO, GLORIA REV.
STREET ADDRESS 517 N.W. 95 TERRACE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Ana C. Cardona **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/99 (305) 621-7361

CR2E037 (11/98)