FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

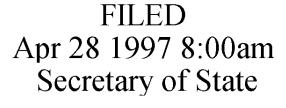
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(9)



ONAL, INC.					
Principal Place of Business Mailing Address					
1661 NW 119TH ST. 1661 NW 119TH ST. N. MIAMI FL 33167 N. MIAMI FL 33167-3119)		
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1996
2. Principal P	lace of Business	2a. Mailing Address 26	F		4. FEI Number Applied For S9-2044508 Not Applied be Not Applied be
Sulte, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	6	City & State	-		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032
24	25 29 30		30		Florida Statutes 🔲 Yes 🕱 No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered Agent
			8-	Name	
KNAPP REV. JAMES 6701 JOHNSON STREET, APT. 310				Street A	Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33024			83	3	
			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 type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD (☐ DEL€TE	1.1 TITLE	ŀ	Change Addition
NAME	KNAPP, JAMES REV		1.2 NAME		
STREET ADDRESS	6701 JOHNSON ST. APT 3	10	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	VI priette	1.4 CITY-	ST-ZIP	VID.
TITLE	VD	X DELETE	2 1 TITLE	i	VD Addition
NAME	DE LEON, REV. DANIEL		2 2 NAME		Edgar Nazario
STREET ADDRESS	5912 antillas dr. Orlando fl				7454 Hallow Ridge Cir.
CITY-ST-ZIP TITLE	SD FL	X DELETE	2 4 CiTY 3.1 TITLE		Orlando F1 32822 SD
NAME	NAZARIO, REV. EDGAR		3.2 NAME	I	Pablo R. Barbosa
STREET ADDRESS	7454 HALLOW RIDGE CIR.				6137 Angus Dr.
CITY-SY-ZIP	ORLANDO FL		3.4. CITY		Lakeland F1 33809
TITLE	VS	X DELETE	4.1 THILE		VS Change Addition
NAME	RIVERA, REV. ENRIQUE		4. 2 NAME		Samuel Torres
STREET ADDRESS	1170 N.W. 126 ST.		1		7830 Altavan Ave.
CITY-ST-ZIP	MIAMI FL		4.4 CITY -		Orlando F1 32822
TITLE	TD	DELETE	5.1 TITLE		Change Addition
NAME	PORRATA, REV. ABISAID		5.2 NAME		
STREET ADDRESS	350 BAGDAD AVE.	•	5.3 STREE	T ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL		5.4 CITY-	ST-21P	
TITLE	٧T	DELETE	6.1 TITLE		Change Addition
NAME	Martinez, Rev. Espada J	1	6.2 NAME		
STREET ADDRESS	3289 N.W. 99TH ST.		6.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-	ST-ZIP	

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 effective mental with an address.