FILE NOW: FILING FEE IS \$61.25

Amendec

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 22 1997 8:00am Secretary of State

DOCUMENT # 705368

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1	a de Dios Pentecostal	Movimiento Int	ernacional	. Inc.		
Principal Place of Business Mailing Address						
1661 N. W. 119 St. 1661 N. W. 119			0.0+			
Miami, F1. 33167 Miami, F1. 33			•	ŗ		
•		1110112 121 00		3. Date Incorporated or Qualified	3a. Date of Last Report	
				03/22/1963	04/14/97	
		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.		59-2044508	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip	Country	8. This corporation has liability for		
24 25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent		
			81 Name			
Knapp, Rev. James 6701 Johnson Street, Apt. 310			82 Street	Address (P.O. Box Number is Not Accepta	ble)	
Hollywood, Fl. 33024						
	12, 33024		83			
	1		84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	corporation submits this statement for the	purpose of changing its registered			
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 A militar with, and accept the obtained section 617.0503, Florida Statutes.						
SIGNATURE	MARILLA XVICAR-					
12.	Synature, typed or printed name of ogsetered agent. OFFICERS AND		: Registered Agent signature	o required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 19	
TITLE	PD	DELETE	1.1 10 LE	ASSITIONO/CHANGES TO CITY	Change Addition	
NAME	KNAPP, JAMES REV.		1.2 NAME		- · · · · -	
STREET ADDRESS	6701 JOHNSON ST. APT	Γ. 310	1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD_FL		1.4 CITY - ST - ZIP			
TITLE Name	VD WAGARTO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS	EDGAR NAZARIO	· •	2.2 NAME			
CITY-ST-ZIP	1454 HAHLON KIDGE CER.		2.3 STREET ADDRESS 2.4 City-St-Zip			
TITLE	ORLANDO, FL 32822	X DELETE	3.1 TITLE	SD	Change Addition	
NAME	PABLO R. BARBOSA		3 2 NAME +	DE LEON, DANIEL REV.	n - , —	
STREET ADDRESS	6137 ANGUS DR.		3 3 STREET NODRESS	33 STREET WIDDRESS 5912 ANTILLAS DR.		
CITY-ST-ZIP	LAKELAND, FL 33809 VS	Lociese	3 4. CITY - ST - ZIP	ORLANDO FL		
TITLE		☐ DELETE	41 TITLE	•	Change Addition	
NAME STREET ADDRESS	SAMUEL TORRES 7830 ALTAVAN AVE.		4. 2 NAME			
City-ST-ZiP	ORLANDO. FL 32822		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE	TD	DELETE	5.1 TITLE		☐ Change ☐ Addit on	
NAME	PORRATA, REV. ABISAI		5.2 NAME	BUUUUSSI		
STREET ADDRESS			5.3 STREET ADORESS	80000230 -09/25/97010	109020	
CITY-ST-ZIP	OPA LOCKA, FL		5.4 CITY - ST - ZIP	***61.25		
TIFLE	VT	☐ DELETE	6.1 TITLE		Change Addition	
NAME	MARTINEZ, REV. ESPAD	AJ	6.2 NAME		/ L . \67\	
STREET ADDRESS	3289 N.W. 99 ST.		6.3 STREET ADDRESS		/\/\a\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP	MTAMT PT	ith this tiles does not qualify	6.4 CITY-S1-ZIP	Lated in Continue 140 07(0)() Florida Contra	***	

4. I do hereby certify that the information supplied with his 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.

SIGNATURE

GONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

09/16/97

<u>(305) 685–5556</u>

Daytimo Prione #