

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709496 (4)

1. Corporation Name

**PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P
ENTECASTAL ESMIRNA, INC.)**

Principal Place of Business

**1231 N.W. 29 TERRACE
MIAMI FL 33142-6626**

Mailing Address

**1231 N.W. 29 TERRACE
MIAMI FL 33142-6626**



3. Date Incorporated or Qualified
08/24/1965

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 1500 N.W. 35 ST

2a. Mailing Address

26 Same

4. FEI Number
NOT APPLICABLE

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami Florida

Zip

Country

Zip

Country

24 33142

25 Dade

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEDRO, GARCIA JR
1231 NW 29 TERR
MIAMI FL 33127**

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 ☐ DELETE
NAME **SD**
STREET ADDRESS **MOJICA, CRUZ**
CITY-ST-ZIP **501 NW 30 ST / APT 7
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ORROYO, EDWIN**
CITY-ST-ZIP **462 NW 111 TERR
MIAMI SHORES FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SANTIAGO, DANIEL**
CITY-ST-ZIP **6416 CUSTER ST.
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **GARCIA, PEDRO JR**
CITY-ST-ZIP **1231 NW 29 TERR
MIAMI FL**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **JULIO, GUZMAN**
CITY-ST-ZIP **6416 SW 23 ST
MIRAMAR FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **PALACIOS, MARIO**
CITY-ST-ZIP **12200 NW 15 AVE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Palacios Mario Palacios

4-10-96 (305) 635-7922

Date

Daytime Phone #

CR2E037 (12/95)