

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
**Jun 21, 1999 8:00 am**  
**Secretary of State**

06-21-1999 90002 017 \*\*\*\*\*70.00

DOCUMENT # 712724

1. Corporation Name

EVANGELICAL PENTECOSTAL CHURCH AND REFUGEE CENTE R, INC.

Principal Place of Business

Mailing Address

90 N.W. 27TH AVENUE  
MIAMI FL 33125-5112

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MIAMI FL 33125-5112



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2096779	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

GARRIDO, ROBERTO  
90 N.W. 27TH AVENUE  
MIAMI FL 33135

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	GARRIDO, ROBERT	1390 NW 29 AVE.	MIAMI FL				
D	SAAVEDRA, PEDRO	3944 NW 4 ST.	MIAMI FL				
D	MARTINEZ, ROGELIO	900 SW 27 AVE., #102	MIAMI FL				
D	VALDEZ, JUAN	1390 NW 29 AVE.	MIAMI FL				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/99 305-642-1054  
Date Daytime Phone #

0028796  
CR2E037 (11/98)