

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:42

DOCUMENT # **714378** (7)

1. Corporation Name
MISSIONARY CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address
696 CALIPH STREET 17920 N.W. 22ND AVE
17920 NW 22ND COURT REV. ISRAEL SANTIAGO
OPA-LOCKA FL 33054 OPA-LOCKA FL 33058
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1968** 3a. Date of Last Report **03/04/1994**
4. FEI Number **59-2788475** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SANTIAGO, ISRAEL
17920 NW 22ND COURT
MIAMI FL 33054

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SANTIAGO, ISRAEL
STREET ADDRESS 17920 NW 22ND COURT
CITY-ST-ZIP MIAMI FL
TITLE VPD
NAME ORTEGA, SANTOS
STREET ADDRESS 15330 N.W. 28TH COURT
CITY-ST-ZIP OPA-LOCKA FL
TITLE TD
NAME CALLAZO, MANUEL
STREET ADDRESS 8410 NO SHERMAN CIR #H-208
CITY-ST-ZIP MIRAMAR FL
TITLE SD
NAME ~~XXXXXXXXXX~~
STREET ADDRESS 17600 NW 68 AVE #310
CITY-ST-ZIP HIALEAH FL
TITLE D
NAME ORTEGA, ANGELICA
STREET ADDRESS 16330 NW 28 CT
CITY-ST-ZIP OPA LICKA FL
TITLE D
NAME PINEIRO, MIGUEL
STREET ADDRESS 4510 NW 176 STR
CITY-ST-ZIP CAROL CITY 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 **S/T/D**
3.3 STREET ADDRESS **COLLAZO, MANUEL**
3.4 CITY-ST-ZIP **8410 North Sherman Cir. #H-208**
Miramar, FL
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 110.07(3)(b), 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 attached page with an address.

SIGNATURE: *Israel Santiago*
DATE: _____

1-19-95
DATE: _____