

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

FILED
Apr 02, 1996 08:00 AM
Secretary of State

DOCUMENT # 741581 (3)
1. Corporation Name
PENIEL CHRISTIAN CHURCH, INC.



Principal Place of Business Mailing Address
P.O. BOX 540293 P.O. BOX 540293
ORLANDO FL 32854 ORLANDO FL 32854

3. Date Incorporated or Qualified **02/09/1978** 3a. Date of Last Report **02/20/1995**
4. FEI Number **59-1829959** 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

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

9. Name and Address of Current Registered Agent
RAMOS, RAFAEL
1000 MELLER WAY
ORLANDO FL 32825

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 *Rev. Rafael Ramos* **Rev. Rafael Ramos** **3-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, RAFAEL	1.2 NAME	P
STREET ADDRESS	1000 MELLER WAY	1.3 STREET ADDRESS	D Ramos, Rafael
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	1000 Meller Way, Orlando FL
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGALEZ, ZORAIDA	2.2 NAME	D Rivera, Maribel
STREET ADDRESS	570 HEATHERTON VILLAGE	2.3 STREET ADDRESS	147 Bexley Blvd.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELSA, COLON	3.2 NAME	D Rodriguez, Eliu
STREET ADDRESS	133 LAGO VISTA BLVD.	3.3 STREET ADDRESS	1100 Suncrest Drive
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ELIU	4.2 NAME	T Hartline, Paul
STREET ADDRESS	1100 SUNCREST DRIVE	4.3 STREET ADDRESS	2338 Woodleaf Court
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLINE, PAUL	5.2 NAME	T Tellado, Miltha
STREET ADDRESS	2338 WOODLEAF COURT	5.3 STREET ADDRESS	510 Orange Dr.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	400001767044
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-04/02/96--01112--022

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: *Maribel Rivera* **Maribel Rivera** **3-11-96** **407-294-0991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

MSB
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