


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741581 (3)

1. Corporation Name
PENIEL CHRISTIAN CHURCH, INC.



Principal Place of Business 5301 GODDARD AVE. ORLANDO FL 32810-5437 US	Mailing Address P.O. BOX 608427 ORLANDO FL 32860-8427 US
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3. Date Incorporated or Qualified
02/09/1978

4. FEI Number
59-1829959

Applied For	
Not Applicable	

2. Principal Place of Business 21 5301 Goddard Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 608427 Suite, Apt. #, etc.
22 City & State 23 Orlando, FL	27 City & State 28 Orlando, FL
24 Zip 32810-5437 25 Country USA	29 Zip 32860-8427 30 Country USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMOS, RAFAEL	
STREET ADDRESS	1000 MELLER WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIVERA, MARIBEL	
STREET ADDRESS	147 BEXLEY BOULEVARD	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ELIU	
STREET ADDRESS	1100 SUNCREST DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARTLINE, PAUL	
STREET ADDRESS	2338 WOODLEAF COURT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	INEZ, SIERRA	
STREET ADDRESS	9319 LARETTA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ **2/12/98 (407) 293-5867**

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