


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90166 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741581**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/09/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1829959
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, RAFAEL	1.2 NAME	
STREET ADDRESS	1000 MELLER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, MARIBEL	2.2 NAME	Michelle Rivera
STREET ADDRESS	147 BEXLEY BOULEVARD	2.3 STREET ADDRESS	P.O. Box 150581
CITY-ST-ZIP	OCOE FL 34761	2.4 CITY-ST-ZIP	Aikawante Springs, FL 32715
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ELIU	3.2 NAME	
STREET ADDRESS	1100 SUNCREST DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLINE, PAUL	4.2 NAME	Enrique L. Segarra
STREET ADDRESS	2338 WOODLEAF COURT	4.3 STREET ADDRESS	218 Athurstown Ct.
CITY-ST-ZIP	ORLANDO FL 32837	4.4 CITY-ST-ZIP	Longwood, FL 32701
TITLE	VPT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INEZ, SIERRA	5.2 NAME	Ceterino Acevedo Jr.
STREET ADDRESS	9319 LARETTA DR.	5.3 STREET ADDRESS	195 TALAPA DR
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Kissimmee, FL 34743
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	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Enrique L. Segarra DATE: 5/8/99 DAYTIME PHONE #: (407)647-4895

CR2E037 (1/98)