

# 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

**DOCUMENT # 752376 (4)**

1. Corporation Name  
**MISION PENTECOSTAL EMANUEL, INC.**



Principal Place of Business: **2810 WEST 11TH AVENUE HIALEAH FL 33010**  
Mailing Address: **2810 WEST 11TH AVENUE HIALEAH FL 33010**

3. Date Incorporated or Qualified: **05/06/1980**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-2001652**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MACHADO, DANIEL REV.  
2810 W 11 AVE  
HIALEAH FL 33010**

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		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MACHADO, REV. DANIEL	
STREET ADDRESS	932 EAST 29 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/>
NAME	CORTES, REINALDO	
STREET ADDRESS	1295 W 25 PL #2	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/>
NAME	ABELLAN, DULCE M.	
STREET ADDRESS	25 W 6 ST 29	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/>
NAME	PEREIRA, FRANCISCO	
STREET ADDRESS	1855 SW 60TH ST APT 225	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *Daniel Machado* **Daniel Machado** 4/1/96 885-9220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)