

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764986 (6)

1. Corporation Name

CONGREGACION CRISTIANA DE MIAMI, INC.



Principal Place of Business

Mailing Address

**4300 SW 73 AVE
STE 102
MIAMI FL 33155
US**

**4300 SW 73 AVE
STE 102
MIAMI FL 33155
US**

3. Date Incorporated or Qualified
09/13/1982

3a. Date of Last Report
05/01/1995

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

4. FEI Number

65-0045802

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE AVILA, GERARDO
10951 SW 64 ST.
MIAMI FL 33173**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MASARIEGOS, HAROLDO**
CITY-ST-ZIP **2430 SW 127 AVENUE
MIAMI, FL 00000**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DE AVILA, GERARDO**
CITY-ST-ZIP **10951 SW 64TH ST.
MIAMI FL**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DE AVILA, D**
CITY-ST-ZIP **13870 SW 62ND STREET
MIAMI FL**

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **MARTINEZ, DAMARIS**
CITY-ST-ZIP **11951 SW 40 STREET
MIAMI FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MASARIEGOS, AROLDO**
CITY-ST-ZIP **6444 SW 40 ST #14
MIAMI FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MERIDA, OSCAR**
CITY-ST-ZIP **731 NE 3 PLACE
HIALEAH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TD**
1.3 STREET ADDRESS **Pereda, Manuel**
1.4 CITY-ST-ZIP **13850 S.W. 102 Lane
Miami, FL 33186**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SD**
2.3 STREET ADDRESS **LOPEZ-ISA, ADA**
2.4 CITY-ST-ZIP **15153 N.W. 89th Pl.
Miami, FL 33016**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **LOPEZ-ISA, MODESTA**
3.4 CITY-ST-ZIP **11421 S.W. 35 Lane
Miami, FL 33165**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **DE AVILA, DANIEL**
4.4 CITY-ST-ZIP **13867 S.W. 64 ST.
Miami, FL 33183**

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 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: REV. GERARDO DE AVILA *8/12/96* **(305) 266-5612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)