

FILED  
Jul 29 1998 8:00am  
Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825115 (9)**

1. Corporation Name  
**ASSEMBLY OF PENTECOSTAL CHURCH OF JESUS CHRIST, INC.**



Principal Place of Business <b>2816 W. 55TH ST. CHICAGO IL 60632</b>	Mailing Address <b>2816 W. 55TH ST. CHICAGO IL 60632-2205</b>
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3. Date Incorporated or Qualified <b>09/28/1970</b>	3a. Date of Last Report <b>02/26/1996</b>
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21. Principal Place of Business <b>2452 W. North Ave.</b>	26. Mailing Address <b>3452 W. North Ave.</b>	4. FEI Number <b>51-0109562</b>
22. City & State <b>CHICAGO, ILLINOIS</b>	27. City & State <b>CHICAGO, ILLINOIS</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip <b>60647</b>	28. Country <b>Cook</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip <b>60647</b>	25. Country <b>Cook</b>	7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

81. Name	Applied For
82. Street Address (P.O. Box Number is Not Acceptable)	Not Applicable
83. City	
84. State <b>FL</b>	
85. Zip Code	

9. Name and Address of Current Registered Agent

**Rev. Gabino Quiñones**  
**4808 Malarkey St.**  
**Orlando FL 32808**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State  
**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, OTONIEL REV</b>	1.2 NAME	
STREET ADDRESS	<b>3837 W. North Ave.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Chicago, IL 60647</b>	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONCLOVA, PABLO REV</b>	2.2 NAME	
STREET ADDRESS	<b>CALLE 410 MI-23 CC</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CAROLINA PR 00983</b>	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rev. Juan Nuñez</b>	3.2 NAME	
STREET ADDRESS	<b>2649 W. Hirsch St.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Chicago, IL 60622</b>	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORENO, ANGEL L REV</b>	4.2 NAME	
STREET ADDRESS	<b>2120 W MIDDLEMASS STREET</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MILWAUKEE WI</b>	4.4 CITY- ST- ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Addition
NAME	<b>GERENA, RAMON REV.</b>	5.2 NAME	
STREET ADDRESS	<b>5759 W. 64th Pl.</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Chicago, IL 60638</b>	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMOS, HECTOR L</b>	6.2 NAME	
STREET ADDRESS	<b>185 700 ROAD</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW OXFORD PA</b>	6.4 CITY- ST- ZIP	

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*Handwritten signature and date*

14. I do 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. 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. Angel L. Moreno - Angel L. Moreno 7/18/98 773-862-6775

Date: \_\_\_\_\_ Day/Month/Year: \_\_\_\_\_ 0076547