FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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F93000005539 (2) DOCUMENT #

1. Corporation Name

THE CHURCH	OF GOD	INTERNATIONAL	MOVEMENT INC.

THE CH	URCH OF GOD INTERNAL	IONAL MOVE	MENT INC.			
Principal Place	of Business	Mailing Addres	ss			
PO BOX 7288 PO BOX 7288 CAGUAS. PUERTO RICO 00725 CAGUAS. PU		8 Erto rico <mark>00</mark> 72	5			
					3. Date Incorporated or Qualified 12/07/1993	3a. Date of Last Report 02/22/1995
2. Principal Pla	ice of Business	2a. Mailing Ad	dress		4. FET Number 65-0481400	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt	#, etc.		5. Certificate of Status Desired	See Required
City & State		City & Star 28	te		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	Country	- Institute States] Yes □ No
	9. Name and Address of Curre	nt Registered Age	nt		10. Name and Address of New Re	egistered Agent
DIAZ, LUIS 1611 MAPLE AVE LEHIGH ACRES FL 33936 81 Name LUIS DIAZ Street Address (P.O. Box Number is Not Acceptable) 1611 M DIE AVE 83						
or rogictor	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the objections of, Soc	ida. Such chande w	as authorized by	e above-named co the corporation's t	rporation schmits this statement for the purposed of directors. Thereby accept the appo	FL 85 Zip Code 33936 Dose of changing its registered office intrinent as registered agent. I am
				LUIS 1	equiled when redistriting	2-5-96
12.		ND DIRECTORS		13.	ADDITIONS CHANGES TO OFFI	
TITLE	CP		DELETE	1.1 TITLE	D	Change Addition
NAME	SIERRA, BENIGNO D			1.2 NAME	Benigno Diaz Sierr	ra
STREET ADDRESS	BOX 7288			1.3 STREET ADDRESS	Hortensia 226-B	n E
CITY-ST-ZIP	CAGUAS, PUERTO RICO			14 CITY - ST - ZIF	Caguas, P. R. 0072	
TITLE	VCV	×	DELETE	2.1 TIFLE	D	X Change ☐ Addition
NAME STREET ADDRESS	VAZQUEZ, JACINTO G BOX 7288			2 2 NAME 2 3 STREET ADDRESS	Rev. Josue Cintron Bor Duque Calle 2	
CITY-ST-ZIP	CAGUAS, PUERTO RICO		06.575	2 4 CITY - ST - ZIP	Caguas, Puerto Ric	C O Addition
TITLE .	S DODDIOUS JOOS S	L	DELFTE	3.1.11/1.6	-D	Change Adoles
NAME	RODRIGUEZ, JOSE E			3 2 NAME	Jose Encarnacion	- M Cintrón
STREET ADDRESS	BOX 7288 CAGUAS, PUERTO RICO			3 3 STREET ADDRESS 3 4 City - St - Zip	Calle 16 #464 Lui Fajardo, P.R.	s m. Cintion
CITY-ST-ZIP TITLE	T		DELETE	4 1 TITLE	D	Change Add tion
NAME	CAPELES, JULIO 0	_		4 2 NAME	Julio Ortiz Capele	s
STREET ADORESS	CALLE #2 B-9, URB. LAS C	AROLINAS		4.3 STREET ADDRESS	Calle #2 B-9Urb. L	as Carolinas
CITY - ST - ZIP	CAGUAS, PUERTO RICO			4.4 CITY - ST - ZiP	Caguas, P. R.	
TITLE	,		DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				53 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
THLE			DELETE	6.1 TITLE	90000173	Change Addition
NAME				6.2 NAME	-03/26/96010	_0.00200.0 D:D==_0:D0
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				64 CITY ST-ZIP	***81.25	

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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/196 Daytime Phone #

CR2E037 (12/95)