

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 # F94000003365 (3)

1. Corporation Name

ADVENTIST CONGREGATION OF THE PROMISE INC.



Principal Place of Business

7663 W. TOLLE LANE
DUNNELLON FL 34433

Mailing Address

7663 W. TOLLE LANE
DUNNELLON FL 34433

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

21 10800 SW 14th COURT

2a. Mailing Address

26 10800 SW 14th COURT

4. FEI Number

59-3237477

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

FLOYD, LEO L JR
7663 W. TOLLE LANE
DUNNELLON FL 34433

81 Name

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

10800 SW 14th COURT

83

84 City

DAVIE

FL

85 Zip Code

33324

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's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME CORREA DO NASCIMENTO, VILSON
STREET ADDRESS 6960 RUE VENDOME, #303
CITY-ST-ZIP MIAMI BEACH FL 33141

☐ DELETE

TITLE SD
NAME FLOYD, LEO L JR
STREET ADDRESS 7663 W. TOLLE LANE
CITY-ST-ZIP DUNNELLON FL 34433

☐ DELETE

TITLE D
NAME NASCIMENTO, RENEE R
STREET ADDRESS 6960 RUE VENDOME #303
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10800 SW 14th COURT
DAVIE - FL. 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

10800 SW 14th COURT
DAVIE - FL. 33324

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD
10800 SW 14th COURT
DAVIE - FL. 33324

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VTD
JUCELIA SILVA RAMOS
50 ADAMS ST. - 1st FLOOR
NEWARK - NJ. 07105

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: *Vilson C. Nascimento* VILSON C. NASCIMENTO - PDC MARCH/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)