

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003365 (3)**

1. Corporation Name

ADVENTIST CONGREGATION OF THE PROMISE INC.



Principal Place of Business	Mailing Address
10800 SW 14TH CT DAVID FL 33324 US	10800 SW 14TH CT DAVID FL 33324 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 DAVIE, FL	28 DAVIE, FL
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	Applied For
06/27/1994	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number	Not Applicable
59-3237477	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLOYD, LEO L JR 10800 SW 14TH CT DAVID FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City DAVIE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA DO NASCIMENTO, VILSON	1.2 NAME	
STREET ADDRESS	10800 SW 14TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVID FL	1.4 CITY-ST-ZIP	DAVIE, FL
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, LEO L JR	2.2 NAME	
STREET ADDRESS	10800 SW 14TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVID FL	2.4 CITY-ST-ZIP	DAVIE, FL
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASCIMENTO, RENEE R	3.2 NAME	D
STREET ADDRESS	10800 SW 14TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVID FL	3.4 CITY-ST-ZIP	DAVIE, FL
TITLE	VTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, JUCELIA S	4.2 NAME	
STREET ADDRESS	50 ADAMS ST 1ST FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TD
STREET ADDRESS		5.3 STREET ADDRESS	ITELVINA I. PROESCHOL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	125 NW 4th AVE-DANIA, FL 33004
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; 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 Correa do Nascimento* **VILSON CORREA DO NASCIMENTO** **- PDC -** **APR 15/98** **(954) 916-9905**

CR2E037 (10/97)