

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90056 047 ****61.25

0080912

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000002418**

1. Corporation Name
FIRST CHURCH OF GOD OF THE SEVENTH DAY, INC.

Principal Place of Business
 PO BOX 46192
 PHILADELPHIA PA 19160-6192

Mailing Address
 PO BOX 46192
 PHILADELPHIA PA 19160-6192



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-0976240	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANCHEZ, JOSE 1597 BAY CLUB RD. OVIEDO FL 32765				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIEVES, REINALDO			1.2 NAME	Nieves, Reinaldo		
STREET ADDRESS	528 S. WALNUT ST.			1.3 STREET ADDRESS	128 E. Nield Street		
CITY-ST-ZIP	W. CHESTER PA			1.4 CITY-ST-ZIP	West Chester, Pa. 19382		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TORRES, LUIS A			2.2 NAME	Miguel Angel Perez		
STREET ADDRESS	244 W. DOUGLASS ST.			2.3 STREET ADDRESS	3234 Andrew Lake Rd.		
CITY-ST-ZIP	READING PA			2.4 CITY-ST-ZIP	Frederica, De. 19946		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIEVES, ANGEL J			3.2 NAME			
STREET ADDRESS	528 S. WALNUT ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	W. CHESTER PA			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLON, JORGE L			4.2 NAME			
STREET ADDRESS	RT 1 BOX 714			4.3 STREET ADDRESS			
CITY-ST-ZIP	FELTON DE			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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, with all other like empowered.

SIGNATURE: *Reinaldo Nieves* **SIGNATURE REQUIRED** 2/10/99 610-430-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)