

07 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N09636

1. Entity Name

FIRST ASSEMBLY OF GOD, HOLLYWOOD, FLORIDA, INC.



Principal Place of Business

Mailing Address

1019 N 24 AVE.
HOLLYWOOD FL 33020

1019 N 24 AVE.
HOLLYWOOD FL 33020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2799345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBRA A. ELENBAUM
530 NE 20TH ST. #2
WILTON MANOR FL 33305

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T ☐ Delete
NAME: ELEBAUM, DEBRA A
STREET ADDRESS: 530 NE 20TH ST #2
CITY-STATE-ZIP: WILTON MANOR FL 33305

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: P ☐ Delete
NAME: ZOTTI, ANTONIO
STREET ADDRESS: 10320 SW 18TH STREET
CITY-STATE-ZIP: MIRAMAR FL 33025

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: TANZOLA, TONY
STREET ADDRESS: 2724 LINCOLN ST
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: LAZZARIRO, NINO
STREET ADDRESS: 2192 NE 56TH CT. APT 1
CITY-STATE-ZIP: FORT LAUDERDALE FL 33308

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: DEAC ☐ Delete
NAME: VIERA, MARY
STREET ADDRESS: 2520 CENTERGATE DR # 301
CITY-STATE-ZIP: MIRAMAR FL 33025

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: ALUBI, NELSON DR
STREET ADDRESS: 1121 NW 4TH AVE
CITY-STATE-ZIP: FORT LAUDERDALE FL 33311

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-07 954-9225546