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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N09775 (0)

1. Corporation Name  
CHURCH OF JESUS CHRIST THE ALMIGHTY INC.



Principal Place of Business Mailing Address  
439 HIALEAH DRIVE 439 HIALEAH DRIVE  
HIALEAH FL 33010 HIALEAH FL 33010-5346

3. Date Incorporated or Qualified 06/14/1985  
3a. Date of Last Report 07/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 6050 W 20th Ave 26 6050 W 20 Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0065446  
Applied For Not Applicable

22 City & State 27 City & State  
23 HIALEAH FL 28 HIALEAH FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country  
24 33016 25 USA 29 33016 30 USA

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

AGUERO, OSCAR  
439 HIALEAH DRIVE  
HIALEAH FL 33010

81 Name AGUERO OSCAR  
82 Street Address (P.O. Box Number is Not Acceptable) 16745 NW 84 CT  
83  
84 City MIAMI FL 85 Zip Code 33016

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]* 3-7-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUERO, OSCAR	1.2 NAME	
STREET ADDRESS	16745 NW 84 CR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUERO, STELLA	2.2 NAME	
STREET ADDRESS	13745 NW 84 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, HECTOR	3.2 NAME	
STREET ADDRESS	5337 W. 22 CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JAVIER	4.2 NAME	
STREET ADDRESS	2660 W. 76 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTELO, MAXIMO	5.2 NAME	
STREET ADDRESS	10874 SW 2ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 do 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 reports 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: *[Signature]* 3-7-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022760

CR2E037 (9/96)