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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N09775

CHURCH	OF JESUS CHRIST THE	ALMIGHTY INC.						
Principal Plac	e of Business	Mailing Address			-			
6050 W 20TH AVE HIALEAH FL 33016 US		6050 W 20 AVE HIALEAH FL 33016 US						
2. Principal P	lace of Business	2a. Mailing Address	5		3. Date Incorporated or Qualifed 06/14/1985		:	•
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		4. FEI Number 65-0065446	. ' ' '	plied For Applicable	335.5
City & Stat	е	City & State	<u></u>		5. Certificate of Status Desired	\$8.75 A		7.0
Zip	Country 25	Zip 29	Co	untry	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
···	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent		
-	-			81 Name				
AGUERO, 16745 NW		• .		82 Street Add	ress (P.O. Box Number is Not Acceptable)	·	,	
MIAMI FL				83	_			
Meann I C	00010			84 City	F	85 Zip C	Code	
14 Duminont	to the provisions of Sections 617 050	02 and 617 1508 Florida	Statutes the	above-named con	porotion cultimite this statement for the number	of changing its	registered	
office or i	registered agent, or both, in the State	of Florida. Such change	was authorize	d by the corporati	on's board of directors if hereby accept the app	ointment as rec	gistered	
								_
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Registere	d Agent signature requir	ed when reinstating) DATE			(80)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS Af	ent and title if applicable.	(NOTE: Registere	od Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	(41/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ant and title if applicable.	(NOTE: Registere 13. ETE 1.11	od Agent signature require.	ed when reinstating) DATE	AND DIRECTO		7 (44/08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P AGUERO, OSCAR	ent and title if applicable.	(NOTE: Registere 13. ETE 1.11	od Agent signature requin TITLE VAME	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	1037 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P AGUERO, OSCAR 16745 NW 84 CR	ent and title if applicable.	(NOTE: Registere 13.	od Agent signature requin TITLE VAME STREET ADDRESS	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	37E037 (41/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P AGUERO, OSCAR 16745 NW 84 CR MIAMI FL	ent and title if applicable. ND DIRECTORS	(NOTE: Registere 13. ETE 1.11 12.1 1.3.5 1.4.0	od Agent signature requin	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	CD2E037 /11/08)
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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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90018 024 ****70.00