FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

POCU Corporation	MENT # N1555	0 (9)							
IGLESIA EVANGELICA DIA DE PENTECOSTES, INC.						1 (1881) 36 (1886) 36 (1886) 36 (1886) 36 (1886) 36 (1886) 36 (1886) 36 (1886) 36 (1886) 36 (1886) 36 (1886)			
Principal Place of Business Mailing Address						I IOGANAN GOT HIDDY BINDY BINDY BINIT GENH BHBYY (HALL BIGHT BIRK	OLYNY BLOWN HOOM	
3535 WEST 8TH AVE 3535 WEST 8TH AVE						3. Date Incorporated or Qualified		·	7
HIALEAH FL 33	012	HIALEAH FL 33012				06/23/1986			
						4. FEI Number		Applied For	
2. Principal Place of Business 2a. Mailing Address				_		59-2693147		Not Applicable	1
21	add or Eddinger	26	1 *			5. Certificate of Status Desired	•	Additional Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	May Be	
City & Stat		City 9 State	City & State			Trust Fund Contribution		to Fees	4
23 City & Stat	U	28				7. Is this nonprofit corporation a homeowners association?			
Zip Country				Country		8. This corporation owes or has paid the c			1
24	25	29 30				Personal Property Tax due June 30. 🔲 Yes 🔀 No			╛
	9. Name and Address of Curre	nt Registered Agent		- 	г	10. Name and Address of New Registere	d Agent		4
040500	LICATAD II		լ	81	Name				
CASTRO, HECTOR M. 3535 W. 8TH AVE.			[82	Street Add	ress (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33012			ŀ	83					1
THE SECOND IS			-	84	City	▶■ 85 Zip Code			4
			ì	1		_F ;	L		
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig Stoneton, tyred or printed name of registered age					poration submits this statement for the purpose ation's board of directors. I hereby accept the appropriate when reinstaling!	<u>-</u>		5
12.		D DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AN] <u>'</u>
TITLE	PD HECTOR M	☐ DELETE	1.1 1(1		ł		☐ Change	Addition	
NAME STREET ADDRESS	CASTRO, HECTOR M. 3535 WEST 8TH AVE		1.2 NA		ADDRESS				Š
CITY-ST-ZIP	HIALEAH FL		1.4 CIT		· I				Š
TITLE	VD	DELETE	2.1 TIT				Change	Addition	٦ ز
NAME	CASTRO, CIRA A.		2.2 NA	MĒ					
STREET ADDRESS	3535 WEST 8TH AVE.		2.3 STREE		ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2. 4 CiTY-		ST-ZIP		-		4
TITLE	SD Zamora, Humberto	[_] DELETE	3.1 TITLE		ļ		Change	Addition	
NAME STREET ADDRESS	6070 W 18 AVE APT 310		3.2 NAMÉ 3.3 STREE		ADDDCCC				1
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-						
TITLE	TO	DELETÉ	4.1 717		11-211		Change	☐ Addition	1
NAME	MARIA DE J. FELICIANO		4.2 NAME		1				1
STREET ADDRESS	3535 W. 8TH AVE		4.3 STREET AL		ADDRESS				
CITY-ST-ZIP	HIALEAN FL		4.4 CITY-		T-ZIP				
TITLE		DELETE	5.1 TITLE		[Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE		I - ZIP		Change	Addition	+
NAME			6.7 NA				الم مان		
STREET ADDRESS	H				ADDRESS				
CITY-ST-ZIP			6.4 CIT						

14. Thereby 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 of 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.

CICMATUDE: USATAR AA CASTA

Hop to cash

(305)820-0150

FILED

Apr 13 1998 8:00am

Secretary of State