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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N23167** (2)

1. Corporation Name

TEMPLO DE ALABANZA ASAMBLEAS DE DIOS, INC.

Principal Place of Business

Mailing Address

200 W 21 ST.
HIALEAH FL 33010-2517

200 W 21 ST.
HIALEAH FL 33010-2517

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1987** 3a. Date of Last Report **03/08/1994**

4. FBI Number **65-0123913** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **230 W. 21 street**

26 **200 W. 21 St. Hialeah FL 33010**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State

City & State

23 **Hialeah**

27 **Hialeah**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip

Country

Zip

Country

24 **33010**

25 **DADE**

29 **33010**

30 **DADE**

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

**SARDINAS, RAMON DAVID
5843 W 28 AVE
HIALEAH FL 33016**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SARDINAS, RAMON DAVID**
STREET ADDRESS **5843 W 28 AVENUE**
CITY - ST - ZIP **HIALEAH FL**

TITLE **SD**
NAME **MENDIZABAL, VERONICA**
STREET ADDRESS **359 NE 125 ST**
CITY - ST - ZIP **MIAMI FL**

TITLE **TD**
NAME **GUERRA, MIQUEL**
STREET ADDRESS **6395 W. 27TH AVE., BLDG.1, APT. 201**
CITY - ST - ZIP **HIALEAH FL 33016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**7730 NW 15 street
Pembroke Pines FL 33024**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Ramon D. Sardinias

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

4/14/95 (305) 887-0005

Date (Type Here)