

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N31942 (8)**

1. Corporation Name

**THE FIRST PENTECOSTAL CHURCH OF HOMESTEAD, INC.**



Principal Place of Business

Mailing Address

1900 E MOWRY DRIVE  
REV. DONALD LERO  
HOMESTEAD FL 33033  
US

1900 E. MOWRY DRIVE  
REV. DONALD LERO  
HOMESTEAD FL 33033  
US

3. Date Incorporated or Qualified  
**04/26/1989**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business  
21 **1800 East Mowry Dr.**

2a. Mailing Address  
26 **1800 East Mowry Dr.**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
23 **Homestead, FL**

27 City & State  
28 **Homestead, FL**

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

24 Zip **33033** 25 Country

29 Zip **33033** 30 Country

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

**LEO DONALD, L  
1900 EAST MOWRY DRIVE  
HOMESTEAD FL 33033**

81 Name **Lero, Michael D.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1900 East Mowry Dr.**

83

84 City **Homestead,** 85 Zip Code **FL 33033**

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

**Michael D. Lero**

DATE

**01/17/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **LERO, DONALD L.**  
STREET ADDRESS **1900 E MOWRY DRIVE**  
CITY - ST - ZIP **HOMESTEAD FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Lero, Michael D.**  
1.3 STREET ADDRESS **1900 East Mowry Dr.**  
1.4 CITY - ST - ZIP **Homestead, FL 33033**

TITLE **D** ☐ DELETE  
NAME **ENGLAND, RICHARD**  
STREET ADDRESS **11201 SW 55TH ST LOT A24**  
CITY - ST - ZIP **MIRAMAR FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP **Miramar, FL 33025**

TITLE **D** ☐ DELETE  
NAME **LACY, ROBERT**  
STREET ADDRESS **18901 SW 288TH ST**  
CITY - ST - ZIP **HOMESTEAD FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP **Homestead, FL 33030**

TITLE **D** ☐ DELETE  
NAME **FRAMPTON, DENVER**  
STREET ADDRESS **830 NW 9TH COURT**  
CITY - ST - ZIP **HOMESTEAD FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP **Homestead, FL 33030**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)