## 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** # N33044

(1)

BRETHREN IN CHRIST CHURCH CORP.

**FILED** Apr 29 1996 8:00 am Secretary of State

									. E161/31811 1631
Principal Place	e of Business	Mailing Address	Mailing Address				(DF 0400) #1011	DARK DIDII	. Alban Bran (DA)
80 E. 10TH AVENUE HIALEAH FL 33010		80 E. 10TH AVENUE HIALEAH FL 33010							
						<ol> <li>Date Incorporated or Qualified 06/30/1989</li> </ol>		e of Last	•
2. Principal P	lace of Business	2a. Mailing Address		+		4. FEI Number		<u>5/01/1</u>	
21		26				23-0536540			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		+				<del></del>	5 Additional
22		27				5. Certificate of Status Desired Fee Required			
City & State	9	City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28		<del>.,</del>		Trust Fund Contribution			d to Fees
Ζφ <b>24</b>	Country	Zip		ihtry		8. This corporation has liability for int			. 199.032,
[24]	25 9. Name and Address of Curre	29	30	<u>,                                     </u>			Yes 🔲		
	3. Hallo dria Additos di Odire	ant modistrator whent		B1	Name	10. Name and Address of New Re	gistered A	gent	
DIAZ, NO	NOR4A		:						ļ
	2ND STREET REAR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	)		
	FL 33013			83					
HINCENII	11 2 33013			Ш					
				84	City		FL	85 Zip	p Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the abo	ve-n	arned corpora	ation submits this statement for the purpo	ose of chan	ging its r	egistered office
familiar wi	th, and accept the obligations of, Sec	rida. Such change was authorize ction 617.0503, Florida Statutes	ed by the c	porpo	oration's board	ation submits this statement for the purpord of directors. I hereby accept the appoin	ntment as r	egistered	agent. I am
SIGNATURE	If the same of Vegistered age	·				4-23			
12.				Agent	signature required				
TITLE	DP OFFICERS AF	ND DIRECTORS	13.	1.		ADDITIONS/CHANGES TO OFFIC			
NAME	DIAZ, MIGUEL	Docteit	1.2 NA				L	] Change	Addition
STREET ADDRESS	962 E. 32ND ST. REAR				ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CI	-					
TITLE	D	DELETE	2.1 (1)	+	-217		<del></del>	Change	Addition
NAME	DIAZ, MAGDALENA		2.2 NA	ME.			_	, only go	
STREET ADDRESS	962 E. 32ND ST. REAR		2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2. 4 CI	†Y-S	T-ZIP				
TITLE	D	DELETE	3.1 1/1	TLE				Change	☐ Addition
NAME	HANES, EDUARDO		3.2 NA	ME					
STREET ADDRESS	8928 SW 150 AVE.		3.3 ST	REET A	ADDRESS				
CITY-ST-ZIP TITLE	MAIMI FL	Попите	3.4. CI	<del>,                                     </del>	I-ZIP		<del>_</del>		
NAME		DELETE	4.1 TiT	•	]			Change	☐ Addition
STREET ADDRESS			4. 2 N/						
CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	4.4 CH 5.1 TIT	IY-ST	-217		-	Change	Addition
NAME			5.2 NA				L.	O KARI QU	- MODITION
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE	- Profession	DELETE	6.1 TIT	+				Change	Addition
NAME			6.2 NA	ΜE			_	•	
STREET ADDRESS			6.3 ST	REET A	NOORESS				
CITY-ST-ZIP			6.4 C/T						
<ol><li>14. I do hereb</li></ol>	certify that the information supplied	with this filing is voluntarily furnis	had and c	1000	not availed for	the exemption stated in Contine 110 07	OMA FIRST	I- 04-4 A	

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 eath; 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:

BIGNAZURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96-305-887-6039 Date Deytime Phone #