## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N38340**

1. Corporation Name

METROCHURCH, INC.

Princ	ipal	Place	e of	Вι	sines
		. <b></b>			

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

3801 CRYSTAL LAKE DRIVE POMPANO BCH. FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

3801 CRYSTAL LAKE DRIVE POMPANO BCH. FL 33064

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90054 002 \*\*\*\*70.00



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/24/1990

65-0074401

4. FEI Number

ZIP	Country		Country	у.	6. Election Campaign Fina	incing	\$5.00	May Be			
24	25		30		Trust Fund Contribution		Added to				
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
	A STANDARD OF STANDARD		81	Name							
RALPH DIAZ GERARD			82	Street	Address (P.O. Box Number is Not A	\cooptable)	<del> </del>				
3801 CRYSTAL LAKE DRIVE			.   0	000.7	Address (F.O. Dox Number is 140)	(CCeptable)					
POMPANO BCH. FL 33064			83	3		<del></del> .					
. •		•	-  -		•		<del></del>	<u> </u>			
			84	City		FI	85 Zip C	ode			
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes	the abov	/e-named	corporation submits this statement	for the purpose of	changing its r	egistered			
office or i	egistered agent, or both, in the State of F im familiar with, and accept the obligation	lorida. Such change was avid	horized by	the corpo	oration's board of directors. I hereby	accept the appoi	ntment as reg	istered			
		is oi, section 617.0503, Florid		<i></i>	1		55 C 40 To 9750	B-513 (8.5)			
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable NOTE: B	NC L	HUST I	equired when reinstating)	1-6-99 DATE		<u> </u>			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES 1		D DIRECTOR	S IN 12			
TITLE	PD	DELETE	1.1 TITLE		- 25 (SA17) (Stal-		Change	Addition			
NAME	RALPH DIAZ GERARD		1.2 NAME	1	TO THE VIEW		<b>_</b>	,			
STREET ADDRESS	1121 SW 24TH TERRACE			TADDRESS	15(9)7(20)						
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-S		7 5 7 4 C						
TITLE	D	DELETE	2.1 TITLE	51-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition			
NAME	GERARD, JOANNA		2.2 NAME				Change	<u> </u>			
STREET ADDRESS				TADORESS			•				
	DEERFIELD BEACH FL					•					
CITY-ST-ZIP	VD	☐ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP		* * ***	C.	C Addition			
NAME (E. P. P. A. P. P.	• •	_ JULETE		1	- -		Change	Addition			
	BUSH, RICHARD L.		3.2 NAME	.				-			
STREET ADDRESS	3063 NW. 48TH AVE, #803			TADORESS	•						
CITY-ST-ZIP/-(:	COCONUT CREEK FL	□ SELETE	3.4. CITY- 5	ST-ZIP	<u> </u>						
TITLE	D	☐ DELETE	4.1 TITLE		•		Change	Addition			
NAME	RENTERIA, STAN		4.2 NAME	- 1	17 No 20 38 8 1	how the each	133. <i>(3</i> 8.19)	1 \$12.1 (\$7)			
STREET ADDRESS	22461 ENSENDA WAY	V-150	4.3 STREE	TADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-S	T-ZIP		黑斑 調搬 ()	<b>并表示是《特别</b>	् <sub>र्व</sub> ्षेत्र <b>(</b>			
πιε	D	☐ DELETE	5.1 TITLE		•		Change	Addition			
NAME	GEORGE, ROY		5.2 NAME	1							
STREET ADDRESS	2227 NW 55TH WAY		5.3 STREE	TADDRESS							
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-S	T-ZIP	d. A. G.		<u> </u>				
TITLE	TOTAL TO LOCAL WATER THE TELL.	☐ DELETE	6.1 TITLE				Change	☐ Addition			
NAME	ALCO DE ANTINO DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA		6.2 NAME	1	Marie Carlos			. [			
STREET ADDRESS	DIEBNY O PA CER		6.3 STREET	ADDRESS							
CITY-ST-ZIP	THE THE PARTY OF T		6.4 C/TY-\$	T-ZIP							

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 with all other like empowered.

954-786-8600

Applied For

\$8.75 Additional

Fee Required

Not Applicable