

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 # N38644

(3)

1. Corporation Name

YORUBA CHURCH OF GOD, INC.



Principal Place of Business

Mailing Address

C/O FABIO RESTREPO
15704 SW 297TH TERR
LEISURE CITY FL 33033

5200 SOUTHWEST 8 STREET
SUITE 202A
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
06/14/1990

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 5200 SW 8 ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 202A

27

City & State

City & State

23 CORAL GABLES

28

Zip

Country

Zip

Country

24 33134

25 U.S.A.

29

30

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

GUZMAN, GIORDANO PEREZ
15630 SW 300TH ST
LEISURE CITY FL 33033

81 Name

ALFREDO SANCHEZ

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

5200 SW 8 ST STD 202A

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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.

(NOTE: Registered Agent signature required when reinstating)

5/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME SANCHEZ, ALFREDO
STREET ADDRESS 5000 SW 8TH ST
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME BERMEJO, PEDRO
STREET ADDRESS 8707 SW 137TH CT
CITY-ST-ZIP MIAMI FL ☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME RESTREPO, FABIO
STREET ADDRESS 15704 SW 297TH TER
CITY-ST-ZIP LEISURE CITY FL ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME REYES, VICTOR
STREET ADDRESS 15630 SW 300TH ST
CITY-ST-ZIP LEISURE CITY FL ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

5/17/96 443-8025
Date Daytime Phone #

CR2E037 (12/95)