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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N40279

1. Corporation Name
PENTECOSTAL CHURCH OF MIAMI, INC.

Principal Place of Business
 81 NW 54TH ST.
 MIAMI FL 33127
 US

Mailing Address
 81 NW 54TH ST.
 MIAMI FL 33127
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0220283	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRUDENT, WILNER (REV) 181 N.W. 88TH ST. MIAMI FL 33150				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PRUDENT, WILNER (REV)	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUDENT, WILNER (REV)	1.2 NAME	
STREET ADDRESS	181 NW 88TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	CA JANVIER, RAYMOND	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANVIER, RAYMOND	2.2 NAME	
STREET ADDRESS	60-62 NW 44TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DV PRUDENT, NAOMIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUDENT, NAOMIE	3.2 NAME	
STREET ADDRESS	181 NW 88TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT ONESIFORT, JEROME	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONESIFORT, JEROME	4.2 NAME	EDOUARD CLERVEAU
STREET ADDRESS	1070 NW 132ND ST	4.3 STREET ADDRESS	275 th NW 182nd ST
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL
TITLE	DAS TIFFAU, MICHEL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFAU, MICHEL	5.2 NAME	MAGLOIRE JEAN PIERRE
STREET ADDRESS	60-62 NW 44TH ST.	5.3 STREET ADDRESS	174 NW 106 ST
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL
TITLE	CA JANVIER, EDELINE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANVIER, EDELINE	6.2 NAME	
STREET ADDRESS	60-62 NW 44 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [Signature] 3/6/99 759-4669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)