

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 # N40402 (2)
1. Corporation Name

PEMBROKE ROAD SPANISH BAPTIST CHURCH, INC.



Principal Place of Business
7130 PEMBROKE ROAD
MIRAMAR FL 33023

Mailing Address
7130 PEMBROKE ROAD
MIRAMAR FL 33023

3. Date Incorporated or Qualified 10/15/1990	3a. Date of Last Report 04/26/1995
4. FEI Number 59-3042913	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

GEUNA, OMAR R.
7130 PEMBROKE RD
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEUNA, OMAR R	
STREET ADDRESS	1511 N. 68TH AVE.	
CITY - ST - ZIP	HOLLYWOOD FL 33024	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARPIO, EVELYN	
STREET ADDRESS	2400 SW 83RD TERR	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROSARIO, CARMEN	
STREET ADDRESS	2100 NW 108 AVE.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSARIO, NICHOLAS	
STREET ADDRESS	2100 NW 108 AVE.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMENECH, PRISCILLA	
STREET ADDRESS	7650 NW 6TH ST.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gonzalez, Ada
3.3 STREET ADDRESS	711 East 46th Street
3.4 CITY - ST - ZIP	Hialeah, FL 33013
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gonzalez, James
4.3 STREET ADDRESS	711 East 46th Street
4.4 CITY - ST - ZIP	Hialeah, FL 33013
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 included on the 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)