

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90066 050 \*\*\*\*61.25

**DOCUMENT # N40402**

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**10/15/1990**

4. FEI Number

**59-3042913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 ☐ DELETE

NAME **PD GEUNA, OMAR R**

STREET ADDRESS **1511 N. 68TH AVE.**

CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE

NAME **S CARPIO, EVELYN**

STREET ADDRESS **2400 SW 83RD TERR**

CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ DELETE

NAME **T RODRIGUEZ, MAGALI**

STREET ADDRESS **1400 N. 70TH AVE**

CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE

NAME **D ARENCIBIA, REYNALDO**

STREET ADDRESS **19316 NW 46TH AVE**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D DOMENECH, PRISCILLA**

STREET ADDRESS **7650 NW 6TH ST.**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/99 (904) 966-7902

CR2E037 (1/1/98)