FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40622 (5)

1. Corporation Name

IGLESIA CASA DE ADORACION & ALABANZA, INC.

Principal Place of Business	Mailing Address
P O BOX 592095 1743 BENTWAY COURT ORLANDO FL 32809 US	P O BOX 592095 1743 BENTWAY COURT ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1990
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3055781 (Applied For / Not Applicable)

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 592095	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28 Orlando, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 32809 / Country 30 USA	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
COLON, RAYMOND 1743 BENTWAY COURT ORLANDO,F L 32818	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent, new Registered Agent must sign here) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
11 TITLE	DP	11 TITLE	☐ Change ☐ Addition
12 NAME	COLON, RAYMOND	12 NAME	
13 STREET ADDRESS	1743 BENT WAY COURT	13 STREET ADDRESS	
14 CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
21 TITLE	DV	21 TITLE	☐ Change ☐ Addition
22 NAME	COLON, ELIZABETH	22 NAME	
23 STREET ADDRESS	1743 BENT WAY COURT	23 STREET ADDRESS	
24 CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
31 TITLE	DST	31 TITLE	DST ☒ Change ☐ Addition
32 NAME	RODRIGUEZ, FEDERICO R.A.	32 NAME	Velazquez, Federico
33 STREET ADDRESS	2929 C-1 W. OAK RIDGE RD	33 STREET ADDRESS	5226 Via Hacienda Circle
34 CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	Orlando, FL 32839
41 TITLE	D	41 TITLE	☒ Change ☐ Addition
42 NAME	ALDEBOL, EDWIN	42 NAME	Please remove
43 STREET ADDRESS	6572 MERITMOOR CIRCLE	43 STREET ADDRESS	this person.
44 CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	D ☐ Change ☒ Addition
52 NAME		52 NAME	Ramos, Ramon
53 STREET ADDRESS		53 STREET ADDRESS	135 Cooper Ct.
54 CITY ST ZIP		54 CITY ST ZIP	Orlando, FL 32835
61 TITLE		61 TITLE	D ☐ Change ☒ Addition
62 NAME		62 NAME	Ortiz, Orlando
63 STREET ADDRESS		63 STREET ADDRESS	3443 Pintail Ct.
64 CITY ST ZIP		64 CITY ST ZIP	Orlando, FL 32822

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Elizabeth Colon - Elizabeth Colon 4/12/95 407-293-9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036334

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

ANNUAL REPORT

1995

DOCUMENT # N40694 (4)

UNITY PENTECOSTAL CHURCH OF GOD, INC.

P.O. BOX 531223 MIAMI FL 33153	P.O. BOX 531223 MIAMI FL 33153 801 NW 111th St, Miami, FL 33168
21	26 801 NW 111 St.
22	27 Miami Fla
23	28 33168
24	25 29 30

3. Date Incorporated or Qualified: 10/05/1990

3a. Date of Last Report: 07/18/1994

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Name Reservation Requested: $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: $68.75 Supplemental Fee Not Required

8. This corporation is subject to provisions of Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

HYPPOLITE, ROLAND
10526 N.W. 27TH AVENUE
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name: HYPPolite Roland

82 (Post Office P.O. Box Number is Not Acceptable): 1025 NE 78 Rd #2

83

84 City: Miami FL 85 Zip Code: 33138

11. Pursuant to the provisions of Section 607.0502, 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 607.0505, Florida Statutes.

SIGNATURE

12 OFFICER AND DIRECTORS	13 Add, Change, or Delete
PD FORESTAL, DUCOIS 9220 NW THIRD AVENUE MIAMI FL	Change / Addition PD Ducois Forestal 300 NW 117 St Miami Fla. 33168
VD DESIR, PERES 150 N.W. 98TH ST. MIAMI FL	Change / Addition
SD HYPPOLITE, ROLAND 1025 NE 78 ROAD, #2 MIAMI FL	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition

14. I hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0043007

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
9:16
TALLAHASSEE, FLORIDA

DOCUMENT # **N40914** **(6)**

1. Corporation Name

TRINITY BAPTIST CHURCH OF CITRUS CO., INC.

Principal Place of Business	Mailing Address
2840 E HAYES STREET INVERNESS FL 32650	2840 E. HAYES STREET 103 N APOPKA AVE INVERNESS FL 34453 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3030216	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation was subject to intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

POE, GARY A.
103 N APOPKA AVE
INVERNESS FL 32650

10. Name and Address of New Registered Agent

81 Name: B.D. Grant (B.D. GRANT)
82 Street Address (P.O. Box Number Is Not Acceptable): 1942 Croft Ave.
83
84 City: Inverness FL 85 Zip Code: 34453

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	GRANT, DEAN (REV.)	12 NAME	
STREET ADDRESS	1942 CROFT AVE.	13 STREET ADDRESS	
CITY ST ZIP	INVERNESS FL	14 CITY ST ZIP	34453
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	OGLE,WILLIAM REV	22 NAME	
STREET ADDRESS	4505 E VAN NESS	23 STREET ADDRESS	
CITY ST ZIP	HERNANDO FL 34442	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☒ Addition
NAME	SMITH, BILLIE W	32 NAME	
STREET ADDRESS	4716 E LAKEVIEW	33 STREET ADDRESS	
CITY ST ZIP	HERNANDO FL	34 CITY ST ZIP	34442
TITLE	TD	41 TITLE	☐ Change ☒ Addition
NAME	CULBRETH,NICK	42 NAME	
STREET ADDRESS	4998 N. TANGLEWOOD AVE.	43 STREET ADDRESS	
CITY ST ZIP	HERNANDO FL	44 CITY ST ZIP	34442
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	SMITH, JAMES Z	52 NAME	
STREET ADDRESS	4716 E LAKEVIEW	53 STREET ADDRESS	
CITY ST ZIP	HERNANDO FL	54 CITY ST ZIP	34442
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: [signature] 4/14/1995 904-726-0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Billie W. Smith

0085012