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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT/OF/STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N40702

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90008 036 ****70.00

Corporation		OLIC CHURCH IN	NORTH	AME	RICA	* 5 6 4059 - 900	N 5 9 *	
	e of Business 44th. Street FL 33012	Mailing Address 343 West 44th Hialeah, FL		et	-	-	•	
Principal Place of Business 2a. Mailing Address 26						3. Date Incorporated or Qualifed		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				4. FEI Number 65-0229141		plied For t Applicable
City & State	City & State	State			5. Certifcate of Status Desired	\$8.75 A Fee Re		
Zip Country Zip Zip 29 29		Country 30			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Jose 91 F	9. Name and Address of Current F Eph Hladney 2 HE 17 CT. T. Lauderdult,	+,,-	8	2 Stree		ss (P.O. Box Number is Not Acceptable)	FL 85 Zip C	Code
office or re agent. I ar	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was at	uthorized b	y the co	ed corpor rporation	ation submits this statement for the purp 's board of directors. I hereby accept the	ose of changing its	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent ar	J 	Registered Ag	ent signatur	e required v		ATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS	105 PP Hladney 912 NC 17 cT. #3 FL 3330	DELETE FT. Lavde Jel	1.1 TITLE 1 2 NAME 1.3 STRE 1.4 CITY-	ET ADDRES	SS S		☐ Change	Addition 5
	Michel Pagin		2.1 TITLE 2.2 NAME 2.3 STRE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS			☐ Change	Addition
TITLE NAME	D □ DELETE		3.1 TITLE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	Raymond Krily 1360 Northauta Reston UA 22	S Q	3.4, CITY		SS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willard Schultz 714 W. Itl STM Nawyball, NY	□ DELETE	4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY	E ET ADDRES	ss		Orange	
NAME STREET ADDRESS	110-2- 1-10-7	☐ DELETE	5.1 TITLE 5.2 NAME	ET ADDRES	es		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		[] DELETE	6.1 TITLE 6.2 NAME		ss		☐ Change	Addition
CITY-ST-ZIP	are at the time at the same at	thin Sline does not asself for	6.4 CiTY-		nd in Sa	ction 110 07/3)(i) Elorida Statutas I furth	or certify that the in	nformation

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 informationated 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:

5/20/49 95-4-463-807D