## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(0)

**FILED** May 19 1998 8:00am Secretary of State

MINISTERIO EVANGELISTICO PALABRA DE VIDA, INC.				
Principal Place of Business Mailing Address		Mailing Address		1 (42)(194 E.) 4(9) 2 (43) 44) 4 4(9) 4(9) 4(9) 4(9) 4(9) 4(9) 4(
3368 LAKE WORTH RD LAKE WORTH FL 33466		3368 LAKE WORTH RD LAKE WORTH FL 33466 US		3. Date Incorporated or Qualified 02/12/1991
US		US		4. FEI Number Applied For
				65-0243407 Not Applicable
21	lace of Business	28. Mailing Address 26 P.O. BOX	7244	5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 Ciby & Stot		City & State		Trust Fund Contribution Added to Fees
City & State		28 LAKE WO	RTH. F/	7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 33466 30	- 112 A	Personal Property Tax due June 30.  Yes Xivo
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
81 Name Victor C. Hernandez				
HERNANDEZ, VICTOR C.			82 Street Add	ress (P.O. Box Number is Not Acceptable)
900 1/2 SE AVE. "G"			553	50 S. 38th Sti
BELLE (	GLADE FL 33430		83	
			84 City	enacres FL 85 Zip Code 33463
- Democratic	to the manifolding of Speciago C17 OF	00 and 647 4500. Finalds Platides	1 (7/e	enacres FL 33463
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 except the obligations of, Section 617.0503, Florida Statutes.				
agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.				
SIGNATURE  Signature, typed in printed dame of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ÖP V	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, VICTOR C.		1.2 NAME	
STREET ADDRESS	900 1/2 SE AVE. "G"		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BE</b> LLE GLADE FL		1.4 CITY - ST - ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, CARIDAD M.		2.2 NAME	
STREET ADDRESS	900 1/2 SE AVE. "G"		2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	☐ DELETE	2. 4 CITY-ST-ZIP	Change Addition
TITLE	VD HEDMANDEZ MOTOD G	☐ nereie	3.1 TITLE	El cuando El vontitot
NAME CONTEX ADDRESS	HERNANDEZ, VICTOR G 900 1/2 S.E. AVE. G.		3.2 NAME	
STREET ADDRESS	BELLE GLADE FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE	MATTER OFFICE IT	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		<u></u>	4. 2 NAME	, _
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CiTY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 City-St-ZiP	

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 original reports 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 or an attachment with an address.