FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N42762

(7)

SPANISH CHURCH OF GOD OF HIALEAH, INC.

Principal Place	of Business		Mailing Address					[
1790 W 68TH POST OFFICE HIALEAH FL 3	BOX 3143		% JESUS EXPOSITO POST OFFICE BOX 3143 HIALEAH FL 33013-0143						T 0- D	-1		
US							3. Date Incorporated or Qualified 04/01/1991		ate of La 05/01	•		
2. Principal Pla	ace of Busine	ess	2a. Mailing Address				4. FEI Number	_L			ied For	
21			26				65-0256903					
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Ad ee Requ	ditional uired	
City & State			City & State					Election Campaign Financing Trust Fund Contribution			.00 M	
Zip	}	Country	Zip Country			y		8. This corporation has liability for intangible tax under s. 199.032,				
24 25 9. Name and Address of Current			29 Registered Agent	30				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	g. Hallio	Elia Address of Culterin	uadistered vident	81	Τĸ	Name	10. Name and Address of New Ne	Aisteran	Agent			
EVBORIT	o icelie				-	\perp		(D.O. D. All selection 1. All selection 1.				
	O, Jesus O, Jesus				82	٤	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	16TH STRE	ET, 212-A				1						
HIALEAH	FL 33012				84	1	Dity		FL	85	Zip Co	de
11. Pursuant t	to the provision	ons of Sections 617.0502 a	ned corporati	ion submits this statement for the numb		anoina i	ts regist	tered office				
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 little if applicable (NOTE, Registered Agent signature required when reinstating). DATE												
12.	0.9 4.0 0. 1/1.00	DIRECTORS				grad ore required to	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS I	IN 12	
TITLE	D		DELETE	1.1	TITLE		1			Chang		Addition
NAME	EXPOSIT	O, Jesus		1.2 NAME								
STREET ADDRESS	4500 W	16TH AVE 212A		1.3 STREET			ORESS					
CITY-ST-ZIP	HIALEAH FL		DELETE			- ST - ZIP				<u> </u>		1.7
TITLE	D D		[_]nereie	2.1 TITLE 2.2 NAM						Chang	ge L	Addition
NAME STREET ADDRESS	EXPOSITO, MARIA C.					EET ADDRESS						
CITY-ST-ZIP	4500 W 16TH AVE 212A HIALEAH FL					Y-ST-ZIP						
TITLE	D	<u> </u>	DELETE		TITLE	3, 6	-			☐ Chan	ge [Addition
NAME	_	CISCO, ALEJANDRO		32	NAME							-
STREET ADDRESS		167TH TERRACE		3.3	STREET	T ADI	DRESS					
CITY - ST - ZIP	HIALEAH	I FL		3.4	L CITY-	· ST-7	ŽIP .					
TITLE	D		DELETE	4.1	TITLE					Chang	ge 🗀	Addition
NAME	AGUILAR, PEDRO A		4. 2		4. 2 NAME							
STREET ADDRESS	6055 W	19 AVE #317				4.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	HIALEAH	I FL	DELETE		CITY-S		ZIP			Choos		1 Addition
NAME	D	I CADLOC			TITLE					Chang	ye L	_ Addition
STREET ADDRESS	unitabilit, onticos					NAME STREET ADDRESS						
CITY-ST-ZIP	12001 1111 00 01					Y-ST-ZIP						
TITLE	DIALEMA CAMIJEN FL		DELETE	6.1 TITL						Chan	ge l	Addition
NAME			_		NAME						-	
STREET ADDRESS					STREET		DRESS					
CITY-ST-ZIP					CITY-5							
14. I do hereb	y certify that	the information supplied wi	th this filing is voluntarily furn	ished ar	d doe	es n	ot qualify for	the exemption stated in Section 119.0	7(3)(k), Flo	orida Sta	atutes. 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.

04-25-96 (305) 823-6842
Date Daylore Prone.