## 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 #
1. Corporation Name N43851

(7)

"PHIL OF I	ADELPHIA" FIRST ROMA FLORIDA, INC.	ANIAN PENTECOSTAL	i karinda iki eraba ndar boler eri			
Principal Place of Business		Mailing Address		I CORAFION DE DITAGO ACCOMO DE CONTRA		
502 N 28TI HOLLYWOO	H AVE. DD FL 33020	502 N 28TH AVE. HOLLYWOOD FL 3	13020			
				3. Date Incorporated or Qualified 06/10/1991	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	Applied For	
Suite, Apt. #, etc.		26		<b>65-0303537</b> Not Applicable		
Suite, Apt. #, etc. S.iite, Apt. #, et 27			5. Certificate of Status Desired	\$8.75 Additional		
Orty & State City & State		City & State		6. Election Campaign Financing	Fee Required	
28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Country	8. This corporation has liability for in		
24	25	29	30	Florida Statutes	Yes 🗶 No	
	9. Name and Address of Cu	urrent Hegistered Agent		10. Name and Address of New Re	egistered Agent	
1404			81 Name			
	EUGENE, REVEREND		82 Street A	duliess (P.O. Box Number is Not Acceptable	e)	
	INCOLN ST		83			
HULLY	WOOD FL 33020	_	83			
			84 City		85 Zip Code	
11. Pursuant	to the provisions of Sections 617	0502 and 617 1508. Florida Sta	tutes the above named corr	poration submits this statement for the purp		
or registe familiar w	red agent, or both, in the State of	Florida. Such change was authi	prized by the corporation's b	poration submits this statement for the purp pard of directors. I hereby accept the appoi	iose of changing its registered office   intrient as registered agent. I am	
SIGNATURE	SIACOK	Section 617.0505 Jionga State	ites.	2	15 06	
SIGNATURE	Signature, typed or printed name of registered	agent and title (Coph at I	(NOTE Registered Agent signature req	ind was nonstature	15-96	
12.	OFFICERS	S AND DIMECTORS	13.	ADDITIONS CHANGES TO OFFIC	DERS AND DIRECTORS IN 12	
THLE	SD	☐ LLETE	1 1 TITLE		Change Addition	
NAME	SIRB, SORIN	/ /	1.2 NAME		<u> </u>	
STREET ADDRESS	1407 HAYES ST	/	1.3 STREET ADORESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP			
TIFLE	PD	DELETE	2 1 TITLE		Change Addition	
NAME	MICA, EUGENE		2.2 NAME			
STREET ADDRESS	2735 LINCOLN ST		23 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CITY - ST - ZIP			
TITLE NAME	TD CITE AN OUR	DEFELF	3 1 TITLE		Change Addition	
STREET ADDRESS	STEFAN, SIRB		3.2 NAME			
CITY - ST - ZIP	1407 HAYES ST. HOLLYWOOD FL		3 3 STREET ADDRESS			
TITLE	VD	DELETE	3.4 CHY-ST-7iP			
NAME	MICA, PARASCHIVA		4 1 TITLE 4 2 NAME		☐ Change ☐ Add-tion	
STREET ADDRESS	2735 LINCOLN STREET				İ	
CITY · ST · ZIP	HOLLYWOOD FL		4.3 STREET ADDRESS			
TITLE		DELETE	4 4 C-TY - ST - ZIP 5 1 TITLE		Change Dadder-	
NAME			5 2 NAME		☐ Change ☐ Addition	
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - 7IP			
TITLE		Delete	61 IITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SI-ZIP			6 4 CITY-ST-2IP			
14 Ldo borob	y cortify that the information as and	(a.al (a)= a). (b	0 - 011 / - 01 - 211			

I do hereby certify that the information supplied with his filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, it is a attachment with an address.

GNATURE:

MICA EUGENE

3-15-96

(305)-920-7938

SIGNATURE AND TYPED OR PRIJITED NAME OF SIGNING OFFICER OR DIRECTOR

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(305)-920-7938 Daytine Phone #