

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45012** (4)

1. Corporation Name

**PENTECOSTAL COUNCIL HIGHWAY TO HEAVEN, INC.**



Principal Place of Business

Mailing Address

**5467 NW 24TH STREET  
OKEECHOBEE FL 34974  
US**

**3503 SW 20TH ST.  
OKEECHOBEE FL 34974-5429  
US**

3. Date Incorporated or Qualified  
**09/03/1991**

3a. Date of Last Report  
**05/23/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORALES, WILSON REV.  
5467 NW 24TH STREET  
OKEECHOBEE FL 34974**

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D President** ☐ DELETE  
NAME **APONTE, EFRAIN**  
STREET ADDRESS **3503 S W 20TH ST**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **Aponte Efrain**  
1.3 STREET ADDRESS **3503 S W 20th St**  
1.4 CITY-ST-ZIP **Okeechobee FL 34974**

TITLE **D** ☒ DELETE  
NAME **SANTIAGO, NICOLAS A**  
STREET ADDRESS **738 NW 22ND LANE**  
CITY-ST-ZIP **OKEECHOBEE FL**

2.1 TITLE **Secretary** ☒ Change ☐ Addition  
2.2 NAME **ROSA VIERA**  
2.3 STREET ADDRESS **3503 SW 20TH ST**  
2.4 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D Treasurer** ☐ DELETE  
NAME **GONZALEZ, MAYDA**  
STREET ADDRESS **090 SW 2ND STREET**  
CITY-ST-ZIP **OKEECHOBEE FL**

3.1 TITLE **T** ☐ Change ☒ Addition  
3.2 NAME **Mayda Gonzalez**  
3.3 STREET ADDRESS **909 S.W. 2nd St.**  
3.4 CITY-ST-ZIP **Okeechobee FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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]*

02-13-97 941 (849) 357-3253

CR2E037 (9/96)