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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

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DOCUMENT # N45012

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  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 PD  
NAME APONTE, EFRAIN  
STREET ADDRESS 3503 SW 20TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34974

1.1 TITLE PD  
1.2 NAME APONTE EFRAIN  
1.3 STREET ADDRESS 3503 SW 20TH ST  
1.4 CITY-ST-ZIP OKEECHOBEE, FL, 34974

TITLE S  
NAME VIERA, ROSA  
STREET ADDRESS 3503 SW 20 ST  
CITY-ST-ZIP OKEECHOBEE FL 34974

2.1 TITLE S  
2.2 NAME VIERA ROSA  
2.3 STREET ADDRESS 3503 SW 20 ST  
2.4 CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D  
NAME MARINA APONTE  
STREET ADDRESS 3503 SW 20TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34974

3.1 TITLE D  
3.2 NAME MARINA APONTE  
3.3 STREET ADDRESS 3503 SW 20TH ST  
3.4 CITY-ST-ZIP OKEECHOBEE, FL, 34974

TITLE T  
NAME GONZALEZ, MAYDA  
STREET ADDRESS 909 SW 2ND ST  
CITY-ST-ZIP OKEECHOBEE FL

4.1 TITLE T  
4.2 NAME GONZALEZ, MAYDA  
4.3 STREET ADDRESS 909 SW 2ND ST  
4.4 CITY-ST-ZIP OKEECHOBEE, FL,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. 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 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: EFRAIN APONTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-1999

Date

(944) 357-3253

Daytime Phone #

CR2E037 (11/98)