## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

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## JESUS THE LIGHT OF THE WORLD EVANGELISTIC PRAYER CENTER INTERNATIONAL MINISTRIES; INC.

Principal Place of Business Mailing Address									I DOGATER EN BJEDT DETAK DOLLD ENJA DEFA DERA ENBA BJEN DEBT DER ENDL						
Pr	incipal Plac€	3 OI Busines	58	mailing.	Address					•••	******				
7172 N.W. 19TH AVE. 7172 N.W. 19TH AVE.									ì					15 .	
	AMI FL 33147				MIAMI FL 33147-6315									-	
										3. Date in	ncorporated or Qualific	ed <b>3a.</b> (	Date of Last 02/20/19		
2	Principal Pl	lace of Busi	ness	2a. Maili	ng Address					4. FEI Nu	·			Applied For	
2. Principal Place of Business				<u> </u>	26					65-0288119			<b>}</b>	Not Applicable	
21	Suite, Apt. #, etc.				Suite, Apt. #, etc.						0000110				
22					27					5. Certific	eate of Status Desired	Fee Required			
L_,	City & State	y & State			City & State						n Campaign Financin		\$5.0	O May Be	
23	<u>-</u>	28								Trust F	und Contribution		Added	to Fees	
	Zip		Country Zip Co				1				propration has liability			s. 199.032,	
24			25 29 30				Florida Statutes						No No		
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					Agent			
							81	Name	€						
WILSON, ANNIE MERCY DARLING							82 Street Addre			o /D O Pov	Number is Not Acce	ntable		<del>5</del>	
7172 N.W. 19 ST.							62 Street Add			S5 (F,O. DOX	TAUTHORI IS TAUL MOCE	hrania		à l	
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							84	City	,			FI	_     '	Code	
11	I. Pursuant I	to the provi	sions of Sections 617.0 gent, or both, in the Sta vith, and accept the obt	502 and 617.15	08, Florida State	ites, the i	bove	-name	d corpo	ration subm	its this statement for t	he purpose	of changing	Its registered	
	office or re	egistered a m tamiliar w	gent, or both, in the Sta with, and accept the obt	ite of Florida. Su inations of Sec	ich change was tion 617,0503. F	authoriza Iorida Sta	ed by	the co	rporatio	n's board of	directors. I hereby a	ccept the ap	pointment a	is registered	
ſ			init, and adopt the opt	gamano an occ											
SI	GNATURE _	Signature, type	d or printed name of registered a	agent and title if applic	cable. (NC	OTE: Register	ed Age	ni signalu	re required	when reinstating	o) ·	DATE	······	,	
12	12. OFFICERS AND DIRECTORS						(			ADDITIO	ONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12	
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l	UME		N, ANNIE MERCY D.				NAME								
ST	REET ADDRESS		.W. 19TH AVE.					AODRESS	<sup>;</sup>						
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14. Too 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 eath; 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: