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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50561 (2)**
1. Corporation Name
PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIAT ION, INC.

Principal Place of Business: **12607 NW 17TH AVE NORTH MIAMI FL 33168**
Mailing Address: **12607 NW 17TH AVE NORTH MIAMI FL 33168**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1992** 3a. Date of Last Report: **04/06/1994**

4. FEI Number: **65-0356310** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **13176 NW 7 AVE** 2a. Mailing Address: **140 NW 163 ST**

Suite, Apt #, etc: **#4**

City & State: **North Miami** City & State: **Miami, FL**

Zip: **33168** Country: **Florida** Zip: **33169** Country: **U.S.A**

9. Name and Address of Current Registered Agent
**ROMAN, INOCENCIO
12607 NW 17TH AVENUE
NORTH MIAMI FL 33168**

10. Name and Address of New Registered Agent

81 Name: **Roman Inocencio**

82 Street Address (P.O. Box Number is Not Acceptable): **13176 NW 7 AVE**

83 City: **North Miami**

84 City: **FL** 85 Zip Code: **33168**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature (typed or printed name of registered agent and file # application) (If 111 Registered Agent signature requested when filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: ROMAN INOCENCIO STREET ADDRESS: 140 NW 163 ST APT 4 CITY ST ZIP: NORTH MIAMI FL	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME: Inocencio Roman 13 STREET ADDRESS: 140 N W 163 ST # 4 MIAMI FL 33169 14 CITY ST ZIP:
TITLE: VD	NAME: ROMAN GILDA STREET ADDRESS: 140 NW 163 ST 4 CITY ST ZIP: MIAMI FL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME: Gilda Roman 23 STREET ADDRESS: 140 N W 163 ST # 4 MIAMI FL 33169 24 CITY ST ZIP:
TITLE: TD	NAME: PERDOMO NERYS MIGDALIA STREET ADDRESS: 1499 NW 32 ST 4 CITY ST ZIP: MIAMI FL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME: Perdomo Nerys Migdalia 33 STREET ADDRESS: 2331 NW 35 ST MIAMI FL 33143 34 CITY ST ZIP:
TITLE: SD	NAME: VENERNDA, PIERRE A STREET ADDRESS: 16030 NE 19 ST 107 CITY ST ZIP: N MIAMI BCH FL	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME: Veneranda Pierre A 43 STREET ADDRESS: 16030 NE 19 COURT #107 44 CITY ST ZIP: N Miami Beach 33162
TITLE: D	NAME: MINAYA, BIENVENIDO STREET ADDRESS: 12300 NW 1ST COURT CITY ST ZIP: MIAMI FL	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME: _____ 53 STREET ADDRESS: _____ 54 CITY ST ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME: _____ 63 STREET ADDRESS: _____ 64 CITY ST ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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: **Inocencio Roman - Inocencio Roman** 4-30-95-947-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initials) (Printed Name)