

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N50561 (2)

1. Corporation Name

PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13176 NW 7TH AVE
NORTH MIAMI FL 33168
US

140 NW 163RD STREET
#4
NORTH MIAMI FL 33169
US

3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 13176 NW 7th Ave

26 140 NW 163rd St #4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 North Miami FL

27 Apartment #4
28 Miami FL

Zip

Country

Zip

Country

24 33168

25 U.S.

29 33169

30 US

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMAN, INOCENCIO
13176 NW 7TH AVE
NORTH MIAMI FL 33168

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 DELETE

NAME ROMAN INOCENCIO
STREET ADDRESS 140 NW 163 ST APT 4
CITY-ST-ZIP NORTH MIAMI FL

1.1 TITLE Change Addition

1.2 NAME PD Roman Inocencio
1.3 STREET ADDRESS 140 NW 163 ST APT 4
1.4 CITY-ST-ZIP N Miami FL

TITLE VD DELETE

NAME ROMAN GILDA
STREET ADDRESS 140 NW 163RD ST #4
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition

2.2 NAME Roman Gilda
2.3 STREET ADDRESS 140 NW 163 ST #4
2.4 CITY-ST-ZIP Miami FL 33169

TITLE TD DELETE

NAME PERDOMO NERYS MIGDALIA
STREET ADDRESS 2331 NW 35 ST
CITY-ST-ZIP MIAMI FL

3.1 TITLE Change Addition

3.2 NAME Perdomo Nerys Migdalia
3.3 STREET ADDRESS 2331 NW 35 ST
3.4 CITY-ST-ZIP Miami FL

TITLE SD DELETE

NAME VENERANDA, PIERRE A
STREET ADDRESS 16030 NE 19TH COURT #107
CITY-ST-ZIP N MIAMI BCH FL

4.1 TITLE Change Addition

4.2 NAME SD Veneranda Pierre A
4.3 STREET ADDRESS 16030 NE 19th Court #107
4.4 CITY-ST-ZIP N Miami Beach FL

TITLE D DELETE

NAME MINAYA, BIENVENIDO
STREET ADDRESS 12300 NW 1ST COURT
CITY-ST-ZIP MIAMI FL

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 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 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* Roman Inocencio Roman #27-96 917-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)