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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 13176 NW 7TH AVE, NORTH MIAMI FL 33168, US
Mailing Address: 140 NW 163RD STREET #4, NORTH MIAMI FL 33169-6541, US

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business: 21 13176 NW 7 ave, 22 Suite, Apt. #, etc. (blank), 23 City & State: Miami FL, 24 Zip: 33168, 25 Country: US
2a. Mailing Address: 26 140 NW 163 street, 27 Suite, Apt. #, etc. #4, 28 City & State: north Miami Florida, 29 Zip: 33169, 30 Country: US

9. Name and Address of Current Registered Agent: ROMAN, INOCENCIO, 13176 NW 7TH AVE, 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 (blank), 84 City: North Miami, FL, 85 Zip Code: 33168

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN INOCENCIO	1.2 NAME	
STREET ADDRESS	140 NW 163 ST APT 4	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN GILDA	2.2 NAME	
STREET ADDRESS	140 NW 163RD ST #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDOMO NERYS MIGDALIA	3.2 NAME	
STREET ADDRESS	2331 NW 35 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENERNDA, PIERRE A	4.2 NAME	
STREET ADDRESS	18030 NE 19TH COURT #107	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINAYA, BIENVENIDO	5.2 NAME	
STREET ADDRESS	12300 NW 1ST COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 5-10-97 DAYTIME PHONE # 947-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)