


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90155 016 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50561**

1. Corporation Name  
**PENTECOSTAL CHURCH BIBICAL & MISSIONARY ASSOCIAT ION, INC.**

Principal Place of Business 13176 NW 7TH AVE NORTH MIAMI FL 33169 US	Mailing Address 140 NW 163RD STREET #4 NORTH MIAMI FL 33169 US
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2. Principal Place of Business 21	2a. Mailing Address 26 140NW163ST	3. Date Incorporated or Qualified 08/24/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Apt 1	4. FEI Number 65-0356310
City & State 23	City & State 28 miami fl	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25	Zip 29 33169	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 30 USA	Trust Fund Contribution <input type="checkbox"/>

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	
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 *Inocencio Roman* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROMAN INOCENCIO	
STREET ADDRESS	140 NW 163 ST APT 1	
CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROMAN GILDA	
STREET ADDRESS	140 NW 163 ST 1	
CITY-ST-ZIP	MIAMI FL-33169	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERDOMO NERYS MIGDALIA	
STREET ADDRESS	2331 NW 35 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VENERANDA, PIERRE A	
STREET ADDRESS	16030 NE 19TH COURT #107	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE PERATTA, GLORIA	
STREET ADDRESS	140 NW 163 ST APT 14	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Inocencio Roman
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gilda Roman
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nerys Perdomo
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Veneranda Pierre
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gloria de Peratta
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ DATE: 5-1-99 DAYTIME PHONE #: 305 947-1969

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (11/98)