

**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 # **N93000000109 (9)**

1. Corporation Name

**PENTECOSTAL MOVEMENT ESMIRNA OF HOLLYWOOD, INC.**



Principal Place of Business: 6451 PEMBROKE RD. HOLLYWOOD FL 33023  
Mailing Address: 2305 SW 61 AVE. HOLLYWOOD FL 33023

3. Date Incorporated or Qualified: 12/31/1992  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0380254  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**GUZMAN, NIDIA C**  
2305 SW 61 AVE.  
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, NIDIA	1.2 NAME	
STREET ADDRESS	2305 SW 61 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33023	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, SANE	2.2 NAME	Santiago, Sara
STREET ADDRESS	6110 BUCHANA ST	2.3 STREET ADDRESS	4110 Buchana st
CITY - ST - ZIP	HOLLYWOOD FL 33024	2.4 CITY - ST - ZIP	Hollywood, FL 33024
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, MIRIAM	3.2 NAME	
STREET ADDRESS	6731 JOHNSON STREET #110	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33024	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, JULIO	4.2 NAME	
STREET ADDRESS	2305 SW 61 AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33023	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSORIO, NOELBA	5.2 NAME	
STREET ADDRESS	1501 NE MIAMI GARDENS DR. #343-C	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Nidia Guzman* 1/16/96 961-8160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)