

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000216 (2)**

1. Corporation Name
PENTECOSTAL MOVEMENT ESMIRNA OF NORTH MIAMI, INC



Principal Place of Business
**462 N.W. 111TH TERRACE
MIAMI SHORES FL 33168**

Mailing Address
**462 N.W. 111TH TERRACE
MIAMI SHORES FL 33168**

3. Date Incorporated or Qualified **01/19/1993** 3a. Date of Last Report **03/15/1995**

4. FEI Number **65-0380247** 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 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARROYO, SUSANA
462 N.W. 111TH TERRACE
MIAMI SHORES 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 _____ DATE _____
Signature of individual named on this report and the filer, if applicable. Registered Agent Signature (required when changing)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D ARROYO, SUSANA**

STREET ADDRESS **462 N.W. 111TH TERR**

CITY-ST-ZIP **MIAMI SHORES FL 33168**

TITLE DELETE

NAME **D ARROYO, EDWIN**

STREET ADDRESS **462 N.W. 111TH TERR**

CITY-ST-ZIP **MIAMI SHORES FL 33168**

TITLE DELETE

NAME **D RODRIGUEZ, DAMIAN SR**

STREET ADDRESS **1510 N.E. 207TH STREET**

CITY-ST-ZIP **NORTH MIAMI FL 33179-2105**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *Susana Arroyo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-77-96
Date: _____
Daytime Phone: _____

CR2E037 (12/95)