

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00****CORPORATION  
ANNUAL REPORT  
1995**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS****95 JAN 30 AM 9:05****DOCUMENT # N93000001160 (1)**

1. Corporation Name

**HIALEAH FREE METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**921 EAST 47TH ST.  
HIALEAH FL 33013****921 EAST 47TH ST.  
HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1993**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0016143**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be  
Added to Fees**7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status☐**\$68.75 Supplemental  
Fee Not Required**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

**SEVERINO, ANGEL REV  
921 EAST 47TH AVE.,  
HIALEAH FL 33013**

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 607.0502 and 607.1508, 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 607.0505, 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

NAME

**SEVERINO, ANGEL REV**

STREET ADDRESS

**921 EAST 47TH ST.**

CITY-ST-ZIP

**HIALEAH FL 33013**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

SD

NAME

**MIESES, NOEMI**

STREET ADDRESS

**3663 N.W. 41ST ST.**

CITY-ST-ZIP

**MIAMI FL 33142**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

TD

NAME

**COLON, CELIA**

STREET ADDRESS

**531 EAST 7TH AVE.**

CITY-ST-ZIP

**HIALEAH FL 33010**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

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 110.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. SEVERINO****1/23/95****305-686-5126**

(Daytime Phone)