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Feb 26 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 # **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 33013-2034

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0016143 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: MARTINEZ, BELARMINIO
82 Street Address (P.O. Box Number is Not Acceptable): 90 N.E. 68th ST
83:
84 City: MIAMI FL 85 Zip Code: 33138

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: Belarmino Martinez — DATE: 2/14/97
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	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SEVERINO, ANGEL REV		1.2 NAME	MARTINEZ, BELARMINIO	
STREET ADDRESS	921 EAST 47TH ST.		1.3 STREET ADDRESS	90 N.E. 68th st.	
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MIESES, NOEMI		2.2 NAME		
STREET ADDRESS	3663 N.W. 41ST ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLON, CELIA		3.2 NAME		
STREET ADDRESS	531 EAST 7TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Rol Belarmino Martinez — 1/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023058