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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001235

1. Corporation Name

**CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIA
NA TEMPLO DEL AVIVAMIENTO), INC.**

Principal Place of Business

**700 PALM AVENUE
HIALEAH FL 33010
US**

Mailing Address

**4824 SW 136TH PL
MIAMI FL 33175**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24 **25**

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28 **29** **30**

3. Date incorporated or Qualified

03/16/1993

4. FEI Number
65-0410163

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

9. Name and Address of Current Registered Agent

**CHACON, LUIS
4824 SW 136TH PL
MIAMI FL 33175**

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 *Aurelio Gomez*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **MEDAL, JOSE A**
STREET ADDRESS **4710 FOX HUNT DR**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **DVT** ☒ DELETE
NAME **CHACON, LUIS**
STREET ADDRESS **4824 SW 136TH PL**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ DELETE
NAME **CARDONA, RUBI**
STREET ADDRESS **15320 S.W. 72 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE
NAME **TORNA, MARINA**
STREET ADDRESS **3200 MARY STREET, #9**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE
NAME **CHACON, BETTY**
STREET ADDRESS **4824 S.W. 136 PLACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **GOMEZ, AURELIO A.**
1.3 STREET ADDRESS **6930 NW 186 ST, #517 MIAMI, FL 33015**
1.4 CITY-ST-ZIP

2.1 TITLE **DVP.** ☒ Change ☐ Addition
2.2 NAME **CHACON, BETTY**
2.3 STREET ADDRESS **4824 SW 136 PL. MIAMI, FL 33175**
2.4 CITY-ST-ZIP

3.1 TITLE **DT** ☒ Change ☐ Addition
3.2 NAME **CHACON, LUIS**
3.3 STREET ADDRESS **4824 SW 136 ST, MIAMI, FL 33175**
3.4 CITY-ST-ZIP

4.1 TITLE **DS** ☐ Change ☒ Addition
4.2 NAME **ROZO, DARLING**
4.3 STREET ADDRESS **7100 NW 179 ST #207, MIAMI, FL 33015**
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **GOMEZ, ANA**
5.3 STREET ADDRESS **6930 NW 186 ST #517 MIAMI, FL 33015**
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **BARRETT, GUARINA**
6.3 STREET ADDRESS **6345 NW 201 LN, MIAMI, FL 33015**
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:

Aurelio Gomez **2/11/99** **305-823-0951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)