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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N93000002479 (4)**

1. Corporation Name

FIRST INTERNATIONAL PENTECOSTAL CITY MISSION CHU RCH INC.

Principal Place of Business	Mailing Address
4381 NW 167TH STREET OPA LOCKA FL 33055	4381 NW 167TH STREET OPA LOCKA FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1993
3a. Date of Last Report: 06/27/1994
4. FEI Number: 65-0423051 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

STEWART, DONAVAN E
4381 NW 167TH STREET
OPA LOCKA FL 33055

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 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 _____ 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. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Clemeteon, Vera M.	☐ Change ☑ Addition
NAME	STEWART, DONAVON S.	12 NAME	251 S.W. 97 Terr	
STREET ADDRESS	6829 SW 40TH ST.	13 STREET ADDRESS	Hollywood FL. 33025	
CITY-ST-ZIP	MIRAMAR FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D Daley, Venice P.	☐ Change ☑ Addition
NAME	WINT, LEVITA	22 NAME	1944 N.W 60 Ave	
STREET ADDRESS	10855 NW 7TH AVE., STE. 136	23 STREET ADDRESS	Lauderhill, FL. 33313	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D Phillips, Viola S.	☐ Change ☑ Addition
NAME	ROBERTS, PAULINE	32 NAME	14841 N.W. 16 Dr.	
STREET ADDRESS	13200 NE 7TH AVE., STE. 14	33 STREET ADDRESS	Miami, FL. 33167	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Strachan, Stephen	☑ Change ☐ Addition
NAME	STRACHAN, STEPHEN	42 NAME	3754 N.W. 209 Terr.	
STREET ADDRESS	3754 NW 209TH TERR.	43 STREET ADDRESS	Carol City FL.	
CITY-ST-ZIP	CAROL CITY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Donavan Stewart 5-4-95 (305)324-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

000478