

# 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 # N93000002479 (4)

1. Corporation Name

First International Pentecostal City Mission Church Inc.

Principal Place of Business

Mailing Address

6010 Dewey St  
Hollywood, FL 33023

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Hollywood, FL 33023

3. Date Incorporated or Qualified

3a. Date of Last Report

5-27-93

4. FEI Number

Applied For

65-0423051

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 6010 Dewey St

26 6010 Dewey St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hollywood, Florida

28 Hollywood, Florida

Zip

Country

Zip

Country

24 33023

25 Broward

29 33023

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Stewart Donovan E  
6010 Dewey St  
Hollywood, FL 33023

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

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 DIRECTOR  
NAME Levita Wint  
STREET ADDRESS 2611 NW 60th Way #204  
CITY-ST-ZIP SUNRISE FL 33313

11 TITLE  
12 NAME Director  
13 STREET ADDRESS Caswell Lawson  
14 CITY-ST-ZIP 4135 NW 79 Ave  
Coral Springs, FL 33065

TITLE Director  
NAME Viola Phillips  
STREET ADDRESS 14841 NW 16 Dr.  
CITY-ST-ZIP Miami, FL 33167

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE Director  
NAME Pauline Jadote  
STREET ADDRESS 14841 NW 16 Dr.  
CITY-ST-ZIP Miami, FL 33167

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE Director  
NAME Venice Daley  
STREET ADDRESS 1944 NW 60 Ave  
CITY-ST-ZIP Lauderdale Hill, FL 33313

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE Director  
NAME Vera Clemetson  
STREET ADDRESS 251 S.W 97 Terr  
CITY-ST-ZIP Pembroke Pines, FL 33025

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96

Date

305-757-4594

Daytime Phone #

CR2E037 (12/95)