## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N93000002479 (4)

FIRST INTERNATIONAL PENTECOSTAL CITY MISSION CHU

8010 DEWEY ST
HOLLYWOOD FL 33023
8010 DEWEY ST HOLLYWOOD FL 33023 US

## **FILED** May 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address										
							- t (###### BIA 18188       ##### BB## 8	1111 <b>4 3</b> 111 <b>5 4</b> 1	18 (18)( B(B))	(\$410 IBH 188)
8010 DEWEY ST HOLLYWOOD FL 33023 US  6010 DEWEY ST HOLLYWOOD FL 33023-1818 US									<del></del>	
		•					3. Date Incorporated or Qualified 05/27/1993		te of Last I 07/01/19	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Ā	applied For	
21					65-0423051	Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.			_	5. Certificate of Status Desired Securificate Status Desired Fee Required				
City & State	е	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30			Florida Statutes Yes No			
	9. Name and Address of Curre	nt Regist	ered Agent				10. Name and Address of New Re-	stered #	gent	
1				8	81 Name					
STEWART, DONAVAN E 6010 DEWEY ST					2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	VOOD FL 33023			8	3					
<u> </u> 	•			8	4	City		FL	<b>85</b> Zip	Code
office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stati im familiar with, and accept the obliq	e of Florida	a. Such change was a	authorized b	bv 1	named corpo the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of	changing pintment as	its registered s registered
SIGNATURE .	Signature, typed or printed name of registered ag		and the same of th			<del> </del>				
12.	OFFICERS At	·		13.	gen	t signature requirer	d when reinslating)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTO	RS IN 12
TITLE	D	10 0 11 120	DELETE	1.1 TITLE			7.557.10(10) 07.11(010) 15	2.1071110	Change	Addition
NAME	WINT, LEVITA			1.2 NAMI	E	İ			_ •	_
STREET ADDRESS	2611 NW 60 WAY #204			1.3 STRE	ET A	ADDRESS .				
CITY-ST-ZIP	SUNRISE FL 33313			1.4 C(TY-	- ST -	- ZIP				
TITLE	D		☐ DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	PHILLIPS, VIOLA			2.2 NAME	E					
STREET ADDRESS	14841 NW 16 DR			2.3 STREE	ET A	DDRESS				
CITY-ST-ZIP	MIAMI FL 33167			2.4 CITY	-st	- ZIP				
TITLE	D		DELETE	3.1 TITLE			****		Change	Addition
NAME	JADOTE, PAULINE			3.2 NAME	E					
STREET ADDRESS	14841 NW 16 DR			3.3 STREE	ET A	odress				
CITY-ST-ZIP	MIAMI FL 33167			3.4. CITY	- ST	- ZIP				
TITLE	D		☐ DELETE	4.1 TITLE			<del></del>		Change	Addition
NAME	LAWSON, CASWELL			4. 2 NAM	ΙE					
STREET ADDRESS	4135 NW 79 AVE			4.3 STREE	ET A	DORESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065			4.4 CITY	ST-	- ZIP		~~ <u>~</u>		
TITLE	D		DELETE	5.1 TITLE			in UN	V/1	Change	Addition
NAME	CLEMETSON, VERA			5.2 NAME	Ε		6,4			
STREET ADDRESS	251 SW 97 TERR.			5.3 STREE	et a	DDRESS	` (~	<b>⊙</b> F′		
CITY-ST-ZIP	PEMBROKE PINES FL 33025	<u> </u>		5.4 CITY	·ST-	ZIP				
TITLE	D		DELETÉ	6.1 TITLE					Change	Addition
NAME	DALEY, VENICE			6.2 NAME	E		700,00,220			
STREET ADDRESS	1944 NW 60 AVE.			6.3 STREE	ET A	ODRESS	-06/04/970106	903	IJ	
CITV.ST.7IP	LAUDERHILL EL 33313			6 A CITY.	ST-	.7IP	***61.25			

I do hereby certify that the Information supplied with this filling 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 is changed, or on an attachment with an address.