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**Mar 08, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N93000002479**

1. Corporation Name

**FIRST INTERNATIONAL PENTECOSTAL CITY MISSION CHU  
RCH INC.**

Principal Place of Business

6010 DEWEY ST  
HOLLYWOOD FL 33023  
US

Mailing Address

6010 DEWEY ST  
HOLLYWOOD FL 33023  
US



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 Zip Country

29 30

3. Date Incorporated or Qualified

05/27/1993

4. FEI Number

65-0423051

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution Added to Fees**

9. Name and Address of Current Registered Agent

**STEWART, DONAVAN E  
6010 DEWEY ST  
HOLLYWOOD FL 33023**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WINT, LEVITA**

STREET ADDRESS **2611 NW 60 WAY #204**

CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **D** ☐ DELETE

NAME **PHILLIPS, VIOLA**

STREET ADDRESS **14841 NW 16 DR**

CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☐ DELETE

NAME **LAWSON, CASWELL**

STREET ADDRESS **4135 NW 79 AVE**

CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ DELETE

NAME **CLEMETSON, VERA**

STREET ADDRESS **251 SW 97 TERR.**

CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Levita Wint **RECEIVED** WINT 2/1/99 954-746-8318  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)