

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/6/21

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-06-2004 90165 008 ****61.25

DOCUMENT # N93000002479

1. Entity Name
**FIRST INTERNATIONAL PENTECOSTAL CITY MISSION
CHURCH INC.**



Principal Place of Business
**6010 DEWEY ST
HOLLYWOOD, FL 33023 US**

Mailing Address
**6010 DEWEY ST
HOLLYWOOD, FL 33023 US**

66426864



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0423051

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
PHILLIPS, VIOLA
14841 NW 16 DR
MIAMI, FL 33167** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
Arthurrell Barton
4873 N.W. 43 Court
Panderdale Lakes, FL 33319** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LAWSON, CASWELL
4135 NW 79 AVE
CORAL SPRINGS, FL 33065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
STEWART, RHONDA
6010 DEWEY ST
HOLLYWOOD, FL 33023** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
STEWART, DONAVAN
3060 JASPER WAY
MIRAMAR, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WATTKIS, EVON
10217 SW 18 CT
MIAMAR, FL 33028** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
STEWART, DONAVAN
3060 JASPER WAY
MIRAMAR, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WATTKIS, EVON
10217 SW 18 CT
MIAMAR, FL 33028** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WATTKIS, EVON
10217 SW 18 CT
MIAMAR, FL 33028** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WATTKIS, EVON
10217 SW 18 CT
MIAMAR, FL 33028** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WATTKIS, EVON
10217 SW 18 CT
MIAMAR, FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WATTKIS, EVON
10217 SW 18 CT
MIAMAR, FL 33028** ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donavan Stewart

5/1/04