

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005162 (3)

1. Corporation Name

FREEDOM IN CHRIST PENTECOSTAL MINISTRY, INC.

Principal Place of Business

Mailing Address

1400 N SEMORAN BLVD
SUITE C-1
ORLANDO FL 32822

P.O. BOX 574611
ORLANDO FL 32857-4611



3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

07/17/1995

4. FEI Number

59-3214082

Applied For

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

Suite, Apt. #, etc.

Suite C-1
1400 N Semoran Blvd

26

Suite, Apt. #, etc.

P.O. Box 574611

City & State

Orlando, FL

City & State

Orlando, Florida

Zip

32822

Country

US

Zip

32857-4611

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BETANCOURT, JOHN A
4263 S SEMORAN BLVD
SUITE 8
ORLANDO FL 32822

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

4-14-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BETANCOURT, JOHN A
STREET ADDRESS 6643 BLANTON CT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME SERRANO, DAVID
STREET ADDRESS 3346 S. SEMORAN BLVD, APT. 3
CITY-ST-ZIP ORLANDO FL

☒ DELETE

2.1 TITLE
2.2 NAME Hector Almodovar
2.3 STREET ADDRESS P.O. Box 593874
2.4 CITY-ST-ZIP Orlando, FL 32859 N/A

☐ Change

☒ Addition

TITLE SD
NAME ALMEIDA, ROSA
STREET ADDRESS 7501 WAUNATTA CT
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

4-14-96

Date

855-7710

Daytime Phone #

CR2E037 (12/95)