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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 4209 S. Semoran Blvd.

26

4. FEI Number

59-3214082

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #4

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Orlando, FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32822

25 USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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 P/D
1.2 NAME John A. Betancourt
1.3 STREET ADDRESS 4209 S. Semoran Blvd Apt. 4
1.4 CITY-ST-ZIP Orlando, FL 32822

☒ Change ☐ Addition

TITLE D
NAME ALMODOVAR, HECTOR
STREET ADDRESS P.O. BOX 593874 N A
CITY-ST-ZIP ORLANDO FL 32859

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ 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 D
4.2 NAME David Serrano
4.3 STREET ADDRESS 6029 Winegard # C
4.4 CITY-ST-ZIP Orlando, FL 32809

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE T/D
5.2 NAME Maria Lagares
5.3 STREET ADDRESS 4209 S. Semoran Blvd Apt. 4
5.4 CITY-ST-ZIP Orlando, FL 32822

☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0018066

CR2E037 (9/96)