

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 # N94000004094 (8)

1. Corporation Name

CHRISTIAN CENTER OF HOPE, INC.



Principal Place of Business

4201 S.W. 11TH STREET
MIAMI FL 33134

Mailing Address

4201 S.W. 11TH STREET
MIAMI FL 33134

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
06/05/1995

4. FEI Number
65-0517692

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 13450 SW 205 Ave

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28 SAME

Zip

24 33196

Country

25 USA

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

CABRERA, RAUL D
4201 S.W. 11TH STREET
MIAMI FL 33134

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

JORGE ZUBIZARRETA PRESIDENT

2/27/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZUBIZARRETA, JORGE
STREET ADDRESS 2863 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE STD
NAME RAMIREZ, MIRNA
STREET ADDRESS 2863 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE VD
NAME JIMENEZ, ENID
STREET ADDRESS 2863 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE D
NAME CABRERA, RAUL D
STREET ADDRESS 2863 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE D
NAME JIMENEZ, EDUARDO
STREET ADDRESS 2863 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE D
NAME HOWARD, ELOISE
STREET ADDRESS 2863 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

JORGE ZUBIZARRETA

DATE

1/30/96

Daytime Phone #

378-5717