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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000004244 (9)

1. Corporation Name

MINISTERIO EVANGELISTICO LA HORA DEL AVIVAMIENTO  
, INC.



Principal Place of Business

29900 SW 153 PL  
LEISURE CITY FL 33033

Mailing Address

29900 SW 153 PL  
LEISURE CITY FL 33033

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

12/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRERA, DANIEL  
29900 SW 153 PL  
LEISURE CITY FL 33033

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 Daniel Herrera

1-8-96

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 ☐ DELETE

NAME HERRERA, DANIEL  
STREET ADDRESS 251 N.E. 10TH ST., STE. 206  
CITY-ST-ZIP HOMESTEAD FL 33030

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VTD ☐ DELETE

NAME NEVAREZ, MARIANITO  
STREET ADDRESS 261 S.E. 6TH AVE., STE. 4-206  
CITY-ST-ZIP HOMESTEAD FL 33030

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME NEVAREZ, ROSA  
STREET ADDRESS 261 S.E. 6TH AVE., STE. 4-206  
CITY-ST-ZIP HOMESTEAD FL 33030

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE MD ☐ DELETE

NAME LOPEZ, WILLIAM  
STREET ADDRESS 150 S.E. 6TH AVE., STE. 30  
CITY-ST-ZIP HOMESTEAD FL 33030

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Daniel Herrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-96

Date

(305) 245-6116

Daytime Phone #

CR2E037 (12/95)