

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # **N94000004244 (9)**

1. Corporation Name

**MINISTERIO EVANGELISTICO LA HORA DEL AVIVAMIENTO
, INC.**

Principal Place of Business

Mailing Address

**29900 SW 153 PL
LEISURE CITY FL 33033**

**29900 SW 153 PL
LEISURE CITY FL 33033**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1994

3a. Date of Last Report
03/20/1996

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 617.0002 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
Signature, typed or printed name of registered agent and title if applicable.

DANIEL HERRERA

(NOTE: Registered Agent signature required when reinstating)

AUGUST 16, 1997

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. 208**
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE **VD** ☒ DELETE
NAME **NEVAREZ, MARIANO**
STREET ADDRESS **261 S.E. 6TH AVE., STE. 4-206**
CITY-ST-ZIP **HOMESTEAD FL 33030**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **LUIS RIVERA**
2.3 STREET ADDRESS **P.O. BOX 61174 N/A**
2.4 CITY-ST-ZIP **PALM BAY, FL 32901**

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 ☐ Change ☒ Addition
3.2 NAME **ELIZABETH TRIGUEROS**
3.3 STREET ADDRESS **26153 SW 123 PL**
3.4 CITY-ST-ZIP **PRINCETON, FL 33032**

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **PEDRO A. TRIGUEROS**
4.3 STREET ADDRESS **26153 SW 123 PL**
4.4 CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Daniel Herrera
SIGNATURE REQUIRED

8-16-97

(305) 245-6116

CR2E037 (4/97)