FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

21

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N94000004470 (0) POCUMENT #

MINISTERIO DE AMOR MONTE DE JEHOVA INC.

Principal Place of Business Mailing Address 2000 N 61 AVE 2000 N 61 AVE 3. Date Incorporated or Qualified HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 4. FEI Number 2. Principal Place of Business 2a. Mailing Address

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Suite, Apt. #, etc.

City & State

FILED Mar 06 1998 8:00am Secretary of State

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7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

09/06/1994

65-0528821

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip		Country	Zip	_ L °	ountry		8. This corporation owes or	has paid the curi	rent year Int	angible	
24	25 29 30					Personal Property Tax due June 30.				J	
9. Name and Address of Current Registered Agent							10. Name and Address of N	lew Registered /	Lgent]
					81	Name					Į
OROZCO, MARTIN E						Street A	Address (P.O. Box Number is Not Ac	centable)		,	Ⅎ
2000 N 61 AVE						0,,000,	talione (i to, box trailiber to trace) to	,00p.a.s.,			
	HOLLYWOOD FL 33024										7
(102211)		•							Jan 1 70 4		4
					84	City		FL	85 Zip (J006	-
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 _	Classics and a	orinted name of registered agent	and tide if applicable	MOTE Dealer	A	al alamahasa	required when reinstating)	DATE			
12.	Signature, types or p	OFFICERS AND		(NOTE REGIST		III BIDINAIDIE	ADDITIONS/CHANGES TO		DIRECTOR	S IN 12	-16
TITLE	0								Change	Addition	
NAME	OROZCO,	MARTIN F		1.3	NAME	1					0
STREET ADDRESS	2000 N 61			1.3	STREET	ADDRESS					18
CITY-ST-ZIP		OD FL 33024		1.4	CITY-S	r-ZIP					ន
TITLE	D		DELET	E 2.1	TITLE				Change	Addition	70
NAME	OROZCO, 1	VIOLETA		2.2	NAME						1
STREET ADDRESS	2000 N 61			2.3	STREET	ADDRESS					
CITY-ST-ZIP	HOLLYWOO	OD FL 33024		2.	4 CITY-S	T-ZIP					
TITLE	D		DELET	E 3.1	TITLE				Change	☐ AdditIon	1
NAME	NIEVES, DI	GNA		3.2	NAME						
STREET ADDRESS	2000 N 61	AVE		3.3	STREET	ADDRESS					
CITY-ST-ZIP	HOLLYWOO	OD FL 33024		3.4	. CITY-S	T-ZIP					
TITLE			☐ DELET	E 4.1	TITLE				☐ Change	☐ Addition	1
NAME				4.3	2 NAME	l l					Į.
STREET ADDRESS				4.3	STREET	ADDRE\$S					
CITY-ST-ZIP					CITY-S	- ZIP					ال
TITLE			DELET	E 5.1	TITLE	- 1			☐ Change	☐ Addition	
NAME				5.2	NAME	- 1					ı
STREET ADDRESS				5.3	STREET	address					
CITY-ST-ZIP					CITY-ST	-ZIP				· <u>· · · · · · · · · · · · · · · · · · </u>	╛
TITLE			☐ DELET	E 6.1	TITLE]			Change	☐ AddItion	
NAME				6.2	NAME	i					ĺ
STREET ADDRESS				6.3	STREET	ADDRESS					Ī
CITY-ST-ZIP					CITY-S1			·			Ţ
14. I hereby c	ertify that the In	formation supplied with	this filing does not que	alify for the e	xempt	ion stated	d in Section 119.07(3)(i), Florida Stat	utes. I further cer	tify that the	information	1

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 attachment with an address.

3AC-883-0760