FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006224 (9)**

1. Corporation Name

CHURCH HOUSE OF PRAISE N.M.B., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2385 NE 184TH TERRACE MIAMI FL 33160	2385 NE 184TH TERRACE MIAMI FL 33160

3. Date Incorporated or Qualified: **12/21/1994** | 3a. Date of Last Report:

4. FEI Number: 65-056-8313 | ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26: P.O. Box 630006

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State: No. Miami Beach, FL.

24 Zip | 25 Country

29 Zip: 33163 | 30 Country: USA

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

MARTINEZ, REYNALDO
2385 NE 184TH TERRACE
MIAMI FL 33160

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, REYNALDO	12 NAME	
STREET ADDRESS	2385 NE 184TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SEOANE, NIEVES D EL	22 NAME	
STREET ADDRESS	2385 NE 184TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MONAHAN, WILLIAM J EL	32 NAME	
STREET ADDRESS	2148 NE 180TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33144	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MYRUSKI, GERARD J	42 NAME	
STREET ADDRESS	1121 NE 210TH TERRACE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ESTEVES, MISAEL	52 NAME	
STREET ADDRESS	11511 NW 89TH COURT	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33016	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Nieves del-C Seoane — April 4, 1995 — 305 932-8703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

NIEVES DEL-CARMEN SEOANE

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