

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006224 (9)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**2385 NE 184TH TERRACE
MIAMI FL 33180**

**P.O. BOX 63006
N. MIAMI BEACH FL 33163**

3. Date Incorporated or Qualified

12/21/1994

4. FEI Number

65-0568313

Applied For

Not Applicable

2. Principal Place of Business

21 2054 NE 155 ST

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 No. Miami Beach, FL.

City & State

City & State

Zip

24 33163

Country

Zip

29 33163

Country

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINEZ, REYNALDO
2385 NE 184TH TERRACE
MIAMI FL 33180**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

600002552896--3

84 City

-06/09/98--01068--001

*******61.25 FL ***61.25**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MARTINEZ, REYNALDO**
STREET ADDRESS **2385 NE 184TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE **D** ☐ DELETE
NAME **SEOANE, NIEVES D EL**
STREET ADDRESS **2385 NE 184TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33180**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MONAHAN, WILLIAM J EL**
STREET ADDRESS **2148 NE 180TH STREET**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33144**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MYRUSKI, GERARD J**
STREET ADDRESS **1121 NE 210TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33179**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ESTEVEZ, MISAEL**
STREET ADDRESS **11511 NW 89TH COURT**
CITY-ST-ZIP **MIAMI FL 33016**

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 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 *[Signature]*

5-21-98 35-921-2597

CR2E037 (10/97)