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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006224

1. Corporation Name

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

Principal Place of Business

2084 N.E. 155 STREET
N. MIAMI BEACH FL 33163

Mailing Address

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



2. Principal Place of Business

21 **2054 NE 155 st**

Suite, Apt. #, etc.

22

City & State

23 **N. Miami Beach, Fl.**

Zip

24 **33163**

Country

25 **U.S.A.**

2a. Mailing Address

26 **same above**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/21/1994

4. FEI Number

65-0568313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

TITLE ☐ DELETE

NAME **D MARTINEZ, REYNALDO**
STREET ADDRESS **2385 NE 184TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE ☐ DELETE

NAME **D SEOANE, NIEVES D EL**
STREET ADDRESS **2385 NE 184TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D ESTEVES, MISAEI**
STREET ADDRESS **11511 NW 89TH COURT**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE: *Nieves Seoane* **Nieves Seoane** 2/14/99 932-6703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)