

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995-



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

APPROVED
AND
FILED

95 APR 12 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006276 (9)

1. Corporation Name

ASAMBLEA EVANGELICA DE HOMESTEAD, INC.

Principal Place of Business

Mailing Address

945 NE 12 STREET
HOMESTEAD FL 33030

945 NE 12 STREET
HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/22/1994

4. FBI Number

65-0547169

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESCARRAMAN, FRANCISCO
945 NE 12 STREET
HOMESTEAD FL 33030

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

Francisco Escarraman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

03/30/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ESCARRAMAN, FRANCISCO

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

ALVARADO, MARCIO

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

HERRERA, SAMUEL

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

ESCOBAR, GABINO

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

GALLO, BLADIMIR

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Francisco Escarraman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/95
DATE

Signature (Typed)

0000182