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**FILED**  
**Feb 18, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N94000006276**

1. Corporation Name

**ASAMBLEA EVANGELICA DE HOMESTEAD, INC.**

Principal Place of Business

**945 NE 12 STREET  
HOMESTEAD FL 33030**

Mailing Address

**945 NE 12 STREET  
HOMESTEAD FL 33030**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**12/22/1994**

4. FEI Number  
**65-0547169**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**ESCARRAMAN, FRANCISCO  
945 NE 12 STREET  
HOMESTEAD FL 33030**

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 **PD ESCARRAMAN, FRANCISCO**  
STREET ADDRESS **945 NE 12 STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE  
NAME **VD ALVARADO, MARCIO**  
STREET ADDRESS **945 NE 12 STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE  
NAME **VD HERRERA, SAMUEL**  
STREET ADDRESS **945 NE 12 STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE  
NAME **D ESCOBAR, GABINO**  
STREET ADDRESS **945 NE 12 STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE  
NAME **TD GALLO, BLADIMIR**  
STREET ADDRESS **945 NE 12 STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

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:

**B. GALLO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-10-99 - 305) 245-8139**

CR2E037 (1/98)