FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N95000000206

SOUTHCHASE ASSEMBLY OF GOD OF UNLANDO, INC.				
Principal Plac	ce of Business	Mailing Address		: (BB)(10) \$10 (B)(1) B0(1) B0(1) B0(1) B0(1) B0(1) B0(1) B1(1) B1
2152 WHISPER ORLANDO FL US		P.O. BOX 770924 ORLANDO FL 32837 US		3. Date Incorporated or Qualified 01/12/1995 4. FEI Number Applied For
2. Principal I	Place of Business	2a. Mailing Address		59-3295310 Not Applicable
21 137	7 AVLEIGH CIRCLE	26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Star		City & State		Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23 ORL	ANDO FLORIDA	28		Yes X No
Zip 24 328	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 746	9. Name and Address of Current		10	Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent
		Trogiolorou Figent	81 Name	
LANDRA	IU, PETER REV.			NEV. PETER LANDRAU
2607 PARSLEY DRIVE				Address (P.O. Box Number is Not Acceptable)
	00 FL 32837		83	ZIIIVAZIGI ORKEDO
			84 City	0010 85 ZipGeden
11 Dura cont	to the provisions of Castians 647 0505		1 1	UKLANON FL SZEZY
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 open, 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 Applications of Section 617.0503, Florida Statutes.				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$				
SIGNATURE	Signature, types or printed name of registered agen		Registered Agent signature	SIDEN (198) e required when reinstating)
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANDRAU, PETER		1.2 NAME	
STREET ADDRESS	2607 PARSLEY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	ORLANDO FL 32837 SD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	HIRALDO, NISA		2.2 NAME	Claritye Addition
STREET ADDRESS	9558 COUNTRY CIRCLE		2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL		2. 4 CITY-ST-ZIP	
TITLE	TD	DELETE	3.1 TITLE	TREASURER LI Change De Addition
NAME	LANDRAU, MARIA	•	3.2 NAME	Harris Curia Ca
STREET ADDRESS	2607 PARSLEY DRIVE		3,3 STREET ADDRESS	HORACIO GUEVARA 13348 FAIRWAY GLENN # 202 ORLANDO FL. 32824 Change Addition
CITY-ST-ZIP TITLE	ORLANDO FL 32837	DELETE	3.4. CITY - ST - ZIP	13348 FAIRWAY GLEWN # 202
NAME		D DÉTÉ LE	4.1 TITLE	ORLANDO FL. 32824 Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	_ ',
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE .		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME .			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
MILITARITE A		,	■ 6.8 (*HY_S1_7D	1

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 of Chapter 617, Florida Statutes; and that my name appears in

FILED

Feb 04 1998 8:00am

Secretary of State