FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500000220

Country

1. Corporation Name

MINISTRY TALENTS FOR CHRIST, INC.

Principal Place of Business
2525 S.W. 107 CT
MIAMI FL 33165

21

22

23

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P.O. BOX 651064 MIAMI FL 33265

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90277 014 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

01/17/1995

65-5552555

FEI Number

24	25	29	30	וֹן		Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent		
					Name			ĺ	
CHEDDA CADV					82 Street Address (P.O. Box Number is Not Acceptable)				
GUERRA, CARY					30000	Address (1.0. Dox radiilooi la mot radopass			
2525 SW 107 CT					• • • • • • • • • • • • • • • • • • • •				
					84 City 85 Zip Code				
					FL				
office or re	enistered agent or both in th	617.0502 and 617.1508, Florid ne State of Florida. Such chang ne obligations of, Section 617.0	ie was authori	zed bv	tne corpo	corporation submits this statement for the pi ration's board of directors. I hereby accept	urpose of changing its r the appointment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable.	/NOTE: Regist	ered Agen	t signature re	equired when reinstating)	DATE	— \	
12.		ERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12	
TITLE			.1 TITLE			☐ Change	Addition		
NAME	GUERRA, CARY		1	2 NAME				ł	
STREET ADDRESS			.3 STREET	ADDRESS			}		
CITY-ST-ZIP				4 CITY-S1	r-ZIP				
TITLE			.1 TITLE			☐ Change	☐ Addition		
NAME	GUERRA, ALBERTO		2.2 N		-				
STREET ADDRESS	*** - *********************************		3 STREET	ADDRESS					
CITY-ST-ZIP			. 4 CITY-S	T-ZIP					
TITLE	D	□ DE	LETE 3	.1 TITLE			☐ Change	☐ Addition	
NAME	MAS, NATALIE		3	2 NAME					
STREET ADDRESS	4004 OM 07 OT			.3 STREE1	ADDRESS				
CITY-ST-ZIP	I			.4. CITY-S	T-ZIP				
TITLE				.1 TITLE			☐ Change	Addition	
NAME			4	. 2 NAME	ł			1	
STREET ADDRESS			4	.3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	r-z ı P				
TITLE		☐ DE	LETE	d TITLE			Change	Addition	
NAME			5	2 NAME					
STREET ADDRESS			5	.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP				4 CITY-S	r-ZIP				
TITLE		□ DE	LETE 6	1 TITLE	{		Change	☐ Addition	
NAME			6	.2 NAME					
STREET ADDRESS			6	.3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S					
14. I hereby o	ertify that the information su	pplied with this filing does not q	ualify for the	exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I 1	urther certify that the in	formation	

Country

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 perporation 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 chapter 617, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable