

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001212 (8)

1. Corporation Name

EL SHADDAI PENTECOSTAL HOLINESS CHURCH OF CRESCENT CITY, INC.

Principal Place of Business

225 MADISON STREET
CRESCENT CITY FL 32112

Mailing Address

P.O. BOX 520
SEVILLE FL 32190



3. Date Incorporated or Qualified
03/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREVINO, OSCAR
121 LAKE GEORGE ROAD
SEVILLE FL

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 state if applicable)

(NOTE: Registered Agent Signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~Director / President~~
NAME OSCAR TREVINO, JR. ☐ DELETE
STREET ADDRESS 121 LAKE GEORGE RD.
CITY-STATE-ZIP P.O. BOX 520
SEVILLE FL 32190

TITLE ~~DIRECTOR / VICE PRESIDENT~~
NAME JUAN HERRERA ☐ DELETE
STREET ADDRESS 2666 S HWY 17
CITY-STATE-ZIP CRESCENT CITY, FL 32112

TITLE ~~DIRECTOR / SECRETARY / TREASURER~~
NAME JOSE CARBONAL ☐ DELETE
STREET ADDRESS Smith-Thompson Court, 849 Bay Ln
CITY-STATE-ZIP CRESCENT CITY, FL 32112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR TREVINO, 2-20-96-(404)749-2258

CR2E037 (12/95)