

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004198 (6)**

1. Corporation Name

THE NEW HARVEST SPANISH CHRISTIAN CHURCH ASSEMBLY OF GOD, INC.



Principal Place of Business

Mailing Address

2507 UTOPIA DRIVE
MIRAMAR FL

1316 AVON LANE #734
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified

06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

P O BOX 8324

4. FEI Number

65-0606284

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

PEMBROKE PINES, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

33084

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

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTIAGO, JOSE A
1316 AVON LANE #734
NORTH LAUDERDALE FL 33068**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE
NAME **SANTIAGO, JOSE A**
STREET ADDRESS **1316 AVON LANE #734**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** DELETE
NAME **MARTINEZ, SYLVIA**
STREET ADDRESS **9248 NW 1ST STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DV** DELETE
NAME **VALENTIN, JOSUE**
STREET ADDRESS **2222 POLK STREET #4**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DS** DELETE
NAME **SOLA, ZULMA B**
STREET ADDRESS **6404 SW 18TH STREET**
CITY-ST-ZIP **MIRAMAR FL 33023**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DT** DELETE
NAME **CHARRES, MARCUS**
STREET ADDRESS **10411 SW 16TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **SANTOS, JUAN**
STREET ADDRESS **7170 SW 15TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE:

Jose Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

(954)724-1861

Date

Daytime Phone #

CR2E037 (12/95)