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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004198 (6)**
1. Corporation Name
THE NEW HARVEST SPANISH CHRISTIAN CHURCH ASSEMBLY OF GOD, INC.



Principal Place of Business 2307 UTOPIA DRIVE- MIRAMAR-FL	Mailing Address P.O. BOX 8324 PEMBROKE PINES FL 33084 US
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3. Date Incorporated or Qualified 08/30/1995	3a. Date of Last Report 02/09/1996
4. FEI Number 65-0606284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7500 Davis Rd Ext. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 8324 Suite, Apt. #, etc.
22 Hollywood, FL 33024 City & State	27 Pembroke Pines FL City & State
23 Zip Country 24 33024 25 Broward	28 Zip Country 29 33084 30 Broward

9. Name and Address of Current Registered Agent
**SANTIAGO, JOSE A
1316 AVON LANE #734
NORTH LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	DP	<input type="checkbox"/> DELETE
NAME	SANTIAGO, JOSE A	
STREET ADDRESS	1316 AVON LANE #734	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARTINEZ, SYLVIA	
STREET ADDRESS	9248 NW 1ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VALENTIN, JOSUE	
STREET ADDRESS	2222 POLK STREET #4	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SOLA, ZULMA B	
STREET ADDRESS	6404 SW 18TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CHARRES, MARCUS	
STREET ADDRESS	10411 SW 18TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTOS, JUAN	
STREET ADDRESS	7170 SW 15TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Andres Anico
3.3 STREET ADDRESS	3701 SW 32 ST
3.4 CITY-ST-ZIP	Hollywood, FL 33023
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DT RUTH MALDONADO
5.3 STREET ADDRESS	6405 S.W. 19th. Street
5.4 CITY-ST-ZIP	Miramar, Florida 33023
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078274

CR2E037 (9/96)