


FILE NOW: FILING FEE IS \$61.25

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**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 7500 DAVIS RD EXT HOLLYWOOD FL 33024 US	Mailing Address P O BOX 8324 PEMBROKE PINES FL 33084 US
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3. Date Incorporated or Qualified 08/30/1995	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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)
2209 NW 139 Ave.
83
84 City **Sunrise** 85 Zip Code **FL 33323**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SANTIAGO, JOSE A	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1316 AVON LANE #734	1.2 NAME	
STREET ADDRESS	NORTH LAUDERDALE FL 33068	1.3 STREET ADDRESS	2209 NW 139 AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	DV MARTINEZ, SYLVIA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9248 NW 1ST STREET	2.2 NAME	SANTOS, NEFTALI
STREET ADDRESS	PEMBROKE PINES FL 33024	2.3 STREET ADDRESS	8820 ANDORA DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D ANICO, ANDRES	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3701 SW 32 ST	3.2 NAME	DIAZ, LUIS
STREET ADDRESS	HOLLYWOOD FL	3.3 STREET ADDRESS	2281 SHERMAN CIRCLE S. APT 8-506
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	DS SOLA, ZULMA B	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6404 SW 18TH STREET	4.2 NAME	MACIAS, MANUEL
STREET ADDRESS	MIRAMAR FL 33023	4.3 STREET ADDRESS	6405 ROOMAN ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	DT MALDONADO, RUTH	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6405 SW 19TH ST	5.2 NAME	DT SANTOS, NEFEIDA
STREET ADDRESS	MIRAMAR FL	5.3 STREET ADDRESS	7170 SW 15th ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	D SANTOS, JUAN	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7170 SW 15TH STREET	6.2 NAME	PEREZ, LUIS
STREET ADDRESS	PEMBROKE PINES FL 33023	6.3 STREET ADDRESS	1071 SW 32nd CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33315

14. 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 if changed, or on an attachment with an address.

SIGNATURE: **Jose A. Santiago** 4-26-98 (954)851-0515

CF2E037 (10/97)