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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

N95000005711 (5)

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Jul 02 1998 8:00am
Secretary of State

	A PENTECOSTAL SENDERO									
Principal Plac	e of Business	Mailing Address					n hodinkon old holon onlyn obyly dolyn bellin	BOILL MOLOU DEINE HOOM!	41001 HAL 1004	
200 W 21 ST 466 NE 210TH CIRCLE TERI				RACE APT.101			3. Date Incorporated or Qualified			
Haleah FL 33 IS	1010	NO. MIAMI FL 33179). MIAMI FL 33179				12/04/1995			
3						ľ	4. FEI Number	I A	pplied For	
							65-0627627		lot Applicab	
2. Principal Place of Business		2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Addition Fee Required				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				i	6. Election Campaign Financing		May Be	
2	<u>. 4</u>	27 City 6 City					Trust Fund Contribution		to Fees	
City & Stat	0 .	City & State					7. Is this nonprofit corporation a home		on?	
Zip	Country	28 Zip		untry						
4	25	29	30	our in y		i	This corporation owes or has paid to Personal Property Tax due June 30.		ntang≀ble □ No	
•1	9. Name and Address of Currer		[30]	T			10. Name and Address of New Regist			
		#		81	Name					
EI ODEC	, rigo berto pastor					.1.1	(60.6)		<u>-</u>	
	, rigio berto pastor 2 10TH CIRCLE TERRACE APT.10	.101		82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)			
	MIFL 33179			83						
NO. MIA	WI EC 22118			Ц						
				84	City			FL 85 Zip	Code	
1. Pursuant	to the provisions of Sections 617.050)2 and 617,1508, Florida Stati	utes, the t	above	-named c	corpor	ration submits this statement for the purp		its registere	
office or r	registered agent, or both, in the State	of Florida. Such change was	authorize	ed by	the corpo	oration	ration submits this statement for the purp n's board of directors. I hereby accept th	e appointment a	s registered	
agent. i a	in lamiliar with, and accept the obliga	ations of, Section 617.0503, r	TOTICA SI	nules	•					
SIGNATURE	Signature, typed or printed name of registored age	ent and title if applicable. (NO	OTE: Register	ed Aper	nt signature r	equired	when reinstating)	DATE		
	Signature, typed or printed name of registored age OFFICERS AN	ent and title if applicable. (NO	OTE: Register		nt signature r	equired	when reinstating) ADDITIONS/CHANGES TO OFFICER:		RS IN 12	
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