FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

(305) 819-9905

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000000691 (3)

FOREVER, IN HIS SERVICE MINISTRIES, INC.

Principal Place of Business Mailing Address						
916 W 79 ST HALEAH FL 33014 916 W 79 ST HIALEAH FL 33014-3538			3538			
					3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Addres	s V/A		4. FEI Number	Applied For
21 Suite, Apt.	# elc	26 Suite, Apt. #, e	<u> </u>		65 0640645	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional
City & State City &			& State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Count	y	8. This corporation has liability for inte	
24	9. Name and Address of Cu		30		Florida Statutes 10. Name and Address of New Regis	
		,	81	Name	MA	
	UEZ, MARIA L		82	Street Add	IV [] I Iress (P.O. Box Number is Not Acceptable))
916 W 7						7.44
HIALEAN	1 FL 33014		83	1		
			84	City		85 Zip Code
11. Pürsuant	to the provisions of Sections 617	.0502 and 617.1508, Florida	Statutes, the above	l re-named corr	poration submits this statement for the puri	pose of changing its registered
office or r agent. I a	registered agent, or both, in the S Im familiar with, and accept the o	Male of Florida. Such change bligations of, Section 617.05	was authorized b 03. Florida Statute	y the corpora	poration submits this statement for the purp tion's board of directors. I hereby accept t	he appointment as registered
SIGNATURE		N 18	\			
12.	Signature, typed or printed name of registere	d agent and title if applicable. AND DIRECTORS	(NOTE: Registered Ag	ent signature requi		DATE
TITLE	OFFICENS	DELE DELE	13. TE 1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFICER	
NAME			1.2 NAME		lesident/Executive Director varia Luisa Rodriguez	The change The section
STREET ADDRESS			1.3 STREE		6 Wing street	,
CITY-ST-ZIP			1.4 CITY-	114.5	ialean, FL 33014	
TITLE		☐ DELE			1. 01	Change Addition
NAME			2 2 NAME	Ε'n	illo Alvarez, CPA O N.W. 53 th ave.	
STREET ADDRESS CITY-ST-ZIP			2.3 STHEE 2.4 City-	TADDRESS 65	iami, FL 33/26	
TITLE		DELE:		31-20° (h)	Youth Leader Connection	Change Addition
NAME			3.2 NAME	J'é	se Cabrera	
STREET ADDRESS			3.3 STREE	TADDRESS 97	6. W. 79 st	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	algah, FL 33014	
TITLE NAME		☐ DELET		(D)	Krayer	Change 🔀 Addition
STREET ADDRESS			4. 2 NAME	Le Lannorce	ticia Maria Tobares	
CITY-ST-ZIP			4.4 CITY-		W. 79 st Jenh. FL 33014	
TITLE		DELE1		711-211	1811 1-2 3301-4	☐ Change ☐ Addition
NAME		•	5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-1	ST - ZiP		
TITLE		DELET				☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME	I ADDRESS	•	

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 directly 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.