

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000835 (6)**

1. Corporation Name

OLD APOSTOLIC CHRISTIAN CHURCH INC.



Principal Place of Business	Mailing Address
11420 SW 43RD ST MIAMI FL 33165	11420 SW 43RD ST MIAMI FL 33165-4627

3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0641599	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GARMAN, GUY 2840 N STATE RD 7 HOLLYWOOD FL 33021	

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
FL	

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Alonso, Isabel
STREET ADDRESS		1.3 STREET ADDRESS	3150 SW 14th Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Barrial, Gabriel
STREET ADDRESS		2.3 STREET ADDRESS	9450 SW 6th Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33174
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Benítez, Oscar
STREET ADDRESS		3.3 STREET ADDRESS	4181 W 19th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Gómez, Francisco
STREET ADDRESS		4.3 STREET ADDRESS	4290 SW 84th Court
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hernández, Yolanda
STREET ADDRESS		5.3 STREET ADDRESS	5871 SW 6th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33134
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Iglesias, Manuel
STREET ADDRESS		6.3 STREET ADDRESS	995 SW 84th Avenue, Apt. 108
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33144

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 if changed, or on an attachment with an address.

SIGNATURE: *Oscar Pineda* **OSCAR P. PINEDA** April 12, 1997 305-553-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0091987

CR2E037 (9/96)