


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



3. Date Incorporated or Qualified

**02/12/1996**

4. FEI Number

**65-0641599**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARMAN, GUY  
2840 N STATE RD 7  
HOLLYWOOD FL 33021**

**81** Name **Pineda, Oscar P.**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**8596 SW 159 Ave.**

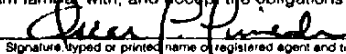
**83**

**84** City **Miami**

**FL** **85** Zip Code  
**33193**

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



**P/D Oscar P. Pineda**

**April 1, 1998**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PINEDA, OSCAR</b>	
STREET ADDRESS	<b>11420 SW 43RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sobera, Miguel</b>	
1.3 STREET ADDRESS	<b>134-35 SW 8 Lane</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33184</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALONSO, ISABEL</b>	
STREET ADDRESS	<b>3150 S.W. 14TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Hernandez, Yolanda</b>	
2.3 STREET ADDRESS	<b>5871 SW 6 St.</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL 33134</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PINEDA, OSCAR P</b>	
STREET ADDRESS	<b>10652 SW 143RD AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

3.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Pineda, Oscar P.</b>	
3.3 STREET ADDRESS	<b>8596 SW 159 Ave.</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33193</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARRIAL, GABRIEL</b>	
STREET ADDRESS	<b>9450 S.W. 6TH LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENITEZ, OSCAR</b>	
STREET ADDRESS	<b>4181 W. 19TH AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	

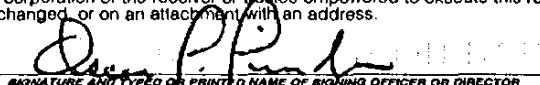
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Iglesias, Manuel</b>	
5.3 STREET ADDRESS	<b>995 SW 84 Ave.</b>	
5.4 CITY-ST-ZIP	<b>Miami, FL 33144</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ, FRANCISCO</b>	
STREET ADDRESS	<b>4290 S.W. 84TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

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 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:



**April 1, 1998 305-382-9448**

Date

Daytime Phone

CR2E037 (10/97)