

FILE NOW: FILING FEE IS \$61.25

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Mar 27 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 # **N96000004341 (1)**
1. Corporation Name

CHRISTIAN MISSIONARY CHURCH, INC.



Principal Place of Business 9626 PINES BLVD PEMBROKE PINES FL 33024 US	Mailing Address 9626 PINES BLVD PEMBROKE PINES FL 33024 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/15/1996
4. FEI Number 65-0693954
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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HERNANDEZ, NESTOR 9842 PINES BLVD. PEMBROKE PINES FL 33024
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10. Name and Address of New Registered Agent 81 Name ECHEVERRI, LEON 82 Street Address (P.O. Box Number is Not Acceptable) 9626 PINES BLVD 83 84 City PEMBROKE PINES FL 85 Zip Code 33024

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 **LEON ECHEVERRI** *Leon Echeverri* **3/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PP HERNANDEZ, NESTOR <input checked="" type="checkbox"/> DELETE
NAME	16209 EMERALD COVE ROAD
STREET ADDRESS	FT LAUDERDALE FL
CITY - ST - ZIP	
TITLE	VT ECHEVERRI, LEON <input type="checkbox"/> DELETE
NAME	8461 DUNDEE TERR
STREET ADDRESS	MIAMI LAKES FL
CITY - ST - ZIP	
TITLE	TT SANTOS, RAFAEL <input type="checkbox"/> DELETE
NAME	5214 NW 198TH TERRACE
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	ST DIAZ, JOAQUIN <input checked="" type="checkbox"/> DELETE
NAME	14040 RICHWOOD PLACE
STREET ADDRESS	DAVIE FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TT REINALDO GARRION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	6195 W. 19TH AVE APT 309-A
1.3 STREET ADDRESS	HALEAH, FLA, 33012
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 to an address.

SIGNATURE: *Leon Echeverri* **LEON ECHEVERRI 3-20-98 (954) 704-4242**

CR2E037 (10/97)