

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004705 (7)

1. Corporation Name

CHRISTIAN MISSION ADONAI INC.

FILED
Aug 21 1997 8:00am
Secretary of State



Principal Place of Business

Mailing Address

**250 CORY AVE NE
PALM BAY FL 32907**

**250 CORY AVE NE
PALM BAY FL 32907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMERO, FRANCISCO
250 CORY AVE NE
PALM BAY FL 32907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **P/P** **PASTOR PRESIDENT** ☐ DELETE

NAME **Francisco ROMERO**

STREET ADDRESS **250 CORY AVE**

CITY-ST-ZIP **Palm Bay FL 32907**

TITLE **Vice President** ☐ DELETE

NAME **William Romero**

STREET ADDRESS **1063 Hooper Ave**

CITY-ST-ZIP **Palm Bay FL 32908**

TITLE **Treasurer** ☐ DELETE

NAME **RAFAEL PAGAN**

STREET ADDRESS **1070 Hooper Ave NE**

CITY-ST-ZIP **Palm Bay FL 32905**

TITLE **Secretary** ☐ DELETE

NAME **Aida Romero**

STREET ADDRESS **1063 Hooper Ave**

CITY-ST-ZIP **Palm Bay FL 32905**

TITLE **Vocal** ☐ DELETE

NAME **Juan Romero**

STREET ADDRESS **1063 Hooper Ave**

CITY-ST-ZIP **Palm Bay FL 32905**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Carlos Manuel Maldonado ☐ Change ☒ Addition

1084 Welch Rd

Palm Bay FL 32909 **Trustees**

Ada E GARCIA ☐ Change ☐ Addition

1792 Sands Rd

Palm Bay FL 32909 **Trustees**

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: **JACOB** **SIGNATURE REQUIRED**

7-18-97

CFR2E037 (4/97)