

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 25, 1999 8:00 am  
Secretary of State

08-25-1999 90004 032 \*\*\*\*61.25

DOCUMENT # N96000005839 ✓

1. Corporation Name

METHODIST PENTECOSTAL CHURCH INC.

Principal Place of Business

121 N DIXIE HWY  
HALLANDALE FL 33009  
US

Mailing Address

121 NORTH DIXIE HIGHWAY  
HALLANDALE FL 33009



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0701195	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VELEZ, JOSE M 2008 JACKSON ST D-4 HOLLYWOD FL 33020				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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, JOSE M REV	1.2 NAME	Rivera, Angel REV.
STREET ADDRESS	2008 JACKSON ST APT D-4	1.3 STREET ADDRESS	3248 S.W. 62ND AVE
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Dawie, FL 33314
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARREO, RAMON	2.2 NAME	Nieves, Princess
STREET ADDRESS	535 NE 127 ST	2.3 STREET ADDRESS	4450 FRANKLIN ST
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	Hollywood, FL 33004
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ANGEL	3.2 NAME	Rivera, Doris
STREET ADDRESS	5410 SW 27 TERR	3.3 STREET ADDRESS	3248 S.W. 62ND AVE
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Dawie, FL 33314
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ-VELEZ, IRIS	4.2 NAME	VELEZ, JOSE M REV
STREET ADDRESS	2008 JACKSON ST APT D-4	4.3 STREET ADDRESS	2008 JACKSON ST APT D-4
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	Hollywood, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, DORIS	5.2 NAME	MELENDEZ-VELEZ, IRIS
STREET ADDRESS	5410 SE 27 TERR	5.3 STREET ADDRESS	2008 JACKSON ST. APT D-4
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Hollywood, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/12/99 (954) 792-2743  
Date Daytime Phone #

0002153

CR2E037 (5/99)