## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # N9700002663 (9)

## FILED May 21 1998 8:00am Secretary of State

IGLESIA PENTECOSTAL JEHOVA-SHAMA, INC.										
Principal Plac	ce of Business	Mailing Address					DIN ID <b>e</b> ni deni deni i	JOHN OENH OOM	HO HOLE WHILE I	JA100 HAT 1007
B18 FERNWOOD DRIVE WEST PALM BEACH FL  B18 FERNWOOD DRIVE WEST PALM BEACH FL						3. Date Incorpora 05/12/19 4. FEI Number			IA	pplied For
21	Place of Business	2a. Mailing Address				105-08 <b>5.</b> Certificate of St	X13570 tatus Desired	×	\$8.75	ot Applicable Additional equired
Sulte, Apt.		Suite, Apt. #, etc.				6. Election Campa Trust Fund Con	-		\$5.00 Added to	
City, & Stat		City & State				7. Is this nonprofit			s associatio D No	n?
Zip 24	Country 25	Zip 29	Counti	ry		<ol><li>This corporation Personal Prope</li></ol>	n owes or has pa erty Tax due June			tangible No
	9. Name and Address of Curren	it Registered Agent				10. Name and Add	dress of New Re	gistered A	lgent	
DELEGA:	- PARPATA		8	Name						
DELEON, ROBERTO 1003 ALLENDALE RD			6:	2 Street	Addres	s (P.O. Box Number	r is Not Acceptat	ole)		
	ALM BEACH FL 33405		8:	<b>s</b>						
			84	City					les 7ie	Codo
			1					FL		Code
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligations.	2 and 617.1508, Florida Statut of Florida. Such change was a	es, the aborauthorized b	ve-named	corpor	ation submits this st	atement for the p	ourpose of	changing it	ts registered
	rn familiar with, and accept the obliga	ations of, Section 617.0503, Flo	orida Statute	es.	•		, , , , , , , , ,			
SIGNATURE .	Signature, typed or printed name of registered age	unt and title if applicable. (NOT	E: Registered A	gent signatur	e required	when reinstating)		DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHA	ANGES TO OFFIC			₹S IN 12
TITLE	D DELETE		1.1 TITLE		h	م دا د	. 0		Change	Addition
NAME	DELEON, ROBERTO		1.2 NAME		Key	ierendo De	ale Rd.	०७९८५	O	
STREET ADORESS CITY-ST-ZIP	1003 ALLENDALE RD   WEST PALM BEACH FL 33405	£		T ADDRESS	100				224	105
TITLE ¥	D	DELETE	1.4 CITY- 2.1 TITLE	S1-ZIP	we	24 107W	Beach	PC.	334	Addition
NAME	CORTES, HIRAM			2.2 NAME					C. C. C. I	
STREET ADDRESS	818 FERNWOOD DRIVE			T ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33405	5	2. 4 CITY - ST - ZIP							
TITLE	Ŏ	☐ DELETE	3.1 TITLE						Change	Addition
NAME	COLON, ROSEMARY D		3.2 NAME							
STREET ADDRESS	412 1/2 MACY ST		3.3 STREE	T ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33405		3.4. CITY		<u> </u>					
TITLE		DELETE	4.1 TITLE					ļ	L Change	Addition
NAME			4. 2 NAME		İ					
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-	ST-ZIP	ļ				Ohara	1.4490
TITLE Name		☐ Officit	5.1 TITLE					,	Change	☐ Addition
STREET ADDRESS			5.2 NAME							
CITY-ST-ZIP				T ADDRESS						
TITLE		DELETE	5.4 CITY- 6.1 TITLE	31-ZIF	ļ		<del></del>	<del></del>	Change	Addition
NAME			6.2 NAME					'		- revitoli
STREET ADDRESS				T ADORESS						
CITY-ST-ZIP			6.4 CITY -							

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.