NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800001021

JAVIER MORIN-RODRIGUEZ MINISTRY, INC.

Princip	oal Place of Business
15653	SW 96TH TERR.
MIAMI	FL 33196

2. Principal Place of Business

Mailing Address

P. O. BOX 432800 MJAMT FL 33243-2800

Mailing Address
PO BOX

## FILED Apr 25, 1999 8:00 am § Secretary of State

04-25-1999 90012 049 \*\*\*\*61.25 04-25-1999 90012 050 \*\*\*\*\*8.75



3. Date Incorporated or Qualifed

02/19/1998

City & State  City & State  City & State  City & State  5. Certificate of Status Desired  Fee Rei	uired May Be
23	uired May Be
Zip Country Zip Country 30 USA 6. Election Campaign Financing 55.00 Trust Fund Contribution Added to 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
24 25 29 35340 30 USA Trust Fund Contribution Added to 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
HANCOCK-MORIN, CHRISTINA 82 Street Address (P.O. Box Number is Not Acceptable)	
15653 SW 96TH TERR.	
MIAMI FL 33196	
84 City 85 Zip C	ode
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as regarded, and familiar with, and a cept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  (NOT): Registered Applications on providing the property and when registering.	egistered estered
Signature, typed or printed name of registered agent and due it approache. (NOTE: registered Agent and other in approaches.)	ES IN 12
Change Comme	Addition
THE PU	
NAME MORIN-RODRIGUEZ, JAVIER 1.2 NAME	
STREET ADDRESS 15653 SW 96TH TERR. 1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33196 1.4 CITY-ST-ZIP	
TITLE VD DELETE 2.1 TITLE VICE-President, Treasure, Change and Secretary, Alacistum	☐ Addition
NAME   HANCOCK-MORIN, CHRISTINA   LIZANAME   HANCOCK-MORIN, CHY (5) (19	1
ETECTAPORESS   16683 SW ORTH TERM	
CITY-ST-ZIP MIAMI FL 33196 2.4 CITY-ST-ZIP MIAMI FL 33196	
THE TO DELETE 3.1 TITLE Broam of Director'S Change	Addition
PADDEDA HEDALAN	<i>'</i>
15650 CW ACTU TEDD	
CITY-ST-ZIP MIAMI FL 33196 34.CITY-ST-ZIP COVAI E1 AIDLES, FL. 35,140	
TITLE D DELETE 4.1 TITLE BOARD OF DIRECTORS ACCHANGE	Addition
NAME DUGAND, JOSE V 4.2 NAME DUGAND, JOSE	
STREET ADDRESS 15653 SW 96TH TERR. 43 STREET ADDRESS 7205 SW 125 AVE	
THE TABLES TO THE TABLE TO THE	
Marie Constant Property And at Duractors	Addition
Leaving Sound Trans	7%
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STREET ADDRESS 13003 SW 9011 TENN.	
CITY-ST-ZIP MIAMI FL 33196 54 CITY-ST-ZIP MIAMI FL 33196 54 CITY-ST-ZIP MIAMI FL 33196 DELETE 6.1 TITLE BOAYO OF DIVECTORS DAChange	Addition
TUCCON TOSSICA	☐ \angle
DUGAND, JESSICA 62 NAME DUGAND, JESSICA	
STREET ADDRESS 15653 SW 96TH TERR. 6.3 STREET ADDRESS 7205 SW 125 AVE	
CITY-ST-ZIP MIAMI FL 33196 64 CITY-ST-ZIP MIAMI FL 33183	

I hereby certify that the information supplied with this filling 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 ur derioath; 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 nor on an attachment with an address, with all other like empowered.

SIGNATURE: