**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT #18000003159

1. Corporation Name
Family House of Refuge, Assemblies of God IAC.

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May 24, 1999 8:00 am

Secretary of State

05-24-1999 90010 009 \*\*\*\*61.25

Mailing Address Principal Place of Business P.O. BOX 816945 Hollywood, FL 33081 900 N.E. 132 of St N. Miami, FL 33/61 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 26 4. FEI Numbe Applied For Suite, Apt. #, etc. Suite, Apt. #. etc. 65-0860 Not Applicable 27 \$8.75 Additional City & State City & State 5. Certificate of Status Desired - Fee Required \$5.00 May Be Country 6. Election Campaign Financing Zin Added to Fees Trust Fund Contribution 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Rev. Richard Betancour? Street Address (P.O. Box Number is Not Acceptable) 251 N.584 Ave Hollywood, FC 33021 85 Zip Code 84 City 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 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Rev. Richard Betancourt 251 N. 58th Ave 10/1/2000/ Ft 37021 ☐ Addition DELETE 1.1 TITLE ☐ Change TITLE CR2E037 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRES 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change C DELETE Rev. Modesta Betancost 2.1 T/TLE TITLE 22 NAME 251 N.58th Ave 2.3 STREET ADDRESS STREET ADDRES Hollywood, FL 3302/ 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change - DELETE-3.1 TITLE TITLE Richard Riveray 417 Grand St. Ste. 01504 32 NAME 3.3 STREET ADDRESS STREET ADDRESS Newtork, NY 10002 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4,1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | DELETE 51 TITLE TITLE 5.2 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 62 NAME NAME 6,3 STREET ADDRESS STREET ADDRESS

CITY-ST-7P 14. I hereby certify that the information supplied with this fiting does not qualify for the examption 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 cath; that I am an officer or director of the corporation or the receiver or irustee 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.

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