

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S23064 (6)

1. Corporation Name

RHEMA HERITAGE OF PENSACOLA INC.

Principal Place of Business

923 77TH AVENUE
PENSACOLA FL 32506

Mailing Address

923 77TH AVENUE
PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1991

3a. Date of Last Report

03/16/1994

4. FEI Number

59-3046703

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANDARI, GUADIOSO
923 77TH AVENUE
PENSACOLA FL 32506

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 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of agent or person named in registered agent's name (if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

CANDARI, GAUDIOSO

STREET ADDRESS

5803 KENDALL AVE.

CITY - ST - ZIP

PENSACOLA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

SANTIAGO, MAURILO

STREET ADDRESS

10860 BERRY HILL RD.

CITY - ST - ZIP

PENSACOLA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

SANTIAGO, GEORGIENA

STREET ADDRESS

10860 BERRY HILL RD

CITY - ST - ZIP

PENSACOLA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

CANDARI, SOLEDAD

STREET ADDRESS

5803 KENDALL AVE.

CITY - ST - ZIP

PENSACOLA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information submitted 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 liquidator thereof to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

2-7-95 (704) 415-6000

Telephone Number