FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$23064

CITY-ST-ZIP

RHEMA HERITAGE OF PENSACOLA INC.

Principal Place of Business Mailing Address						- 1 18011030 180 21060 14511 80119 01111 0191 01811	TARA BIDII DIDII DIQ	1 GiBil BOI
923 77TH AVEN	923 77TH AVENUE							
PENSACOLA FL 32506		PENSACOLA FL 32506			DO NOT WRITE IN THIS SPACE			
							5 SPACE	
						3. Date incorporated or Qualifed		j
		20 14. 11. 4.41				01/04/1991 4. FEI Number		lied For
	lace of Business	2a. Mailing Address				59-3046703		Applicable
21 Suite Ast # sts		Suite, Apt. #, etc.				\$8.75 Ac		
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired	Fee Req	I
City & State		·	City & State			6. Election Campaign Financing	\$5.00 N	Aav Be
23		— ·	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	p Country			8. This corporation owes the current year	ntangible	_
24	25 29 30		30		_	Personal Property Tax. ☐ Yes ☐ No		□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
		·	ļ	81	Name			
CANDARI, GUADIOSO			<u> </u>	82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
923 77TH AVENUE				Silver Address (1.6. Box Hamber is Not Associately				
PEN		83						
			-	84	City		. 85 Zip C	ode
					•		L " (i
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the ab	ove	-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its r	registered iistered
office or r	egistered agent, or both, in the State m,familiar with, and accept the obliga	or Florida. Such change was a ations of, Section 607.0505, Flo	rida Statu	tes.	ine corporation	I S board of directors. Thereby accept the app		,,0,0,0,0
	Leaguera Sante	(A ex)				3/4/	9 5	}
SIGNATURE	Signature, typed or printed name of registered age			\gent	signature required		ND DIDECTO	20 IN 42
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	☐ DELETE)		Clange	☐ Addition
NAME	CANDARI, GAUDIOSO		1.2 NAME					ļ
STREET ADDRESS	5803 KENDALL AVE.				ADDRESS			İ
CITY-ST-ZIP	PENSACOLA FL	[] per err	1.4 CIT		-ZIP		Change	Addition
TITLE	VD	☐ DELETE	2.1 TITI				Clange	
NAME	SANTIAGO, MAURILO		2.2 NA					}
STREET ADDRESS	10860 BERRY HILL RD.		•		ADORESS	•	~	·
CITY-ST-ZIP	PENSACOLA FL	Files FTF	2. 4 CIT		r-zip		☐ Change	Addition
TITLE	SD assessment	☐ DELETE	3 1 TITI				L_I Onlinge	
NAME	SANTIAGO, GEORGIENA		3.2 NA					ļ
STREET ADDRESS	10860 BERRY HILL RD				ADDRESS		•	
CITY-ST-ZIP	PENSACOLA FL	☐ DELETE	3.4. CIT		T-ZIP		Change	Addition
TITLE	TD		4.1 TITI				L_I change	
NAME	CANDARI, SOLEDAD		4. 2 NA					
STREET ADDRESS					ADDRESS	·		
CITY-ST-ZIP	PENSACOLA FL	☐ DELETE	4.4 CIT		-ZIP		Change	Addition
TITLE		☐ DECE1E	5.1 TITLE 5.2 NAME				L_I Shange	
NAME					ADODESE			
STREET ADDRESS				3 STREET ADDRESS 4 CITY-ST-ZIP				
CITY-ST-ZIP		DELETE	6.1 TITLE		-417		[] Change	Addition
TITLE			6.2 NA				>,,,,,,,,,,,,,	
NAME]				ADDRESS			
CYDEET ADDDCCC			0.0011					

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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE: #

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90030 037 ***158.75