FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #Corporation Name

(2)

APOSTOLIC ALLIANCE CHURCH OF THE LORD JESUS CHRI ST, INC.

FILED

May 11 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				i (Batti 1860) Attab ititid tidde ettet Sitti distit distit d		ihii Aimis Bibis Bibis sabi
2740 SW 200TH STREET O BOX 971114 (MIAM). FL. 33197)	PO BOX 971114 (MIAMI. I	12740 SW 200TH STREET PO BOX 971114 (MIAMI. FL. 33197)			3. Date Incorporated or Qualified 07/03/1980	
IIAMI FL 33177	MIAMI FL 33177				4. FEI Number	Applied For
					59-2198918	Not Applicable
Principal Place of Business	2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State	City & State	ity & State			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip Country	Zip	Country 30			8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent
	-		81	Name		
DIAZA, HERNANDO 20120 S.W. 113 CT. MIAMI FL 33189			62	Street Address (P.O. Box Number is Not Acceptable)		
			83			
		- 1	84	City	FL!	85 Zip Code
Pursuant to the provisions of Sections 617.	0502 and 617.1508, Florida State	utes, the ab	οve	named corpo	ration submits this statement for the purpose of cl	hanging its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable (NOTE: R	agistered Agent signature r	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	Change Addition
NAME	DIAZA, HERNANDO	1.2 NAME	
STREET ADDRESS	20120 S.W. 113 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD DELETE	2.1 TITLE	Change Addition
NAME	ramirez, aleida	2.2 NAME	
STREET ADDRESS	2880 SW 16 ST	2.3 STREET ADDRESS	,
CITY-ST-ZIP	FT LAUDERDALE FL	2. 4 CITY - ST - ZIP	<u> </u>
TITLE	TD DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAMIREZ, FERNANDO	3.2 NAME	
STREET ADDRESS	2225 SW 14TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4. CITY-ST-ZIP	
TITLE	VD DELETE	4.1 TITLE	Change Addition
NAME	FLOR, DIAZA	4. 2 NAME	
STREET ADDRESS	20120 SW 113 CT.	4.3 STREET ADORESS	
CITY-ST-ZIP	MIAMI FL.	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	•

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.

THE CHOICE OF