

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35617 (2)

1. Corporation Name

IGLESIA CRISTIANA AMOR Y VERDAD DE KISSIMMEE, INC.



Principal Place of Business

2982 MICHIGAN AVENUE
S A & B
KISSIMMEE FL 34744
US

Mailing Address

P. O. BOX 450113
KISSIMMEE FL 34745-0113
US

3. Date Incorporated or Qualified
12/12/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 2982 Michigan Ave

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Kissimmee FL

24 Zip Country

29 Zip Country

34745 Osceola

30 Zip Country

4. FEI Number
59-2980721

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ANGELO
802 ASPENWOOD CIRCLE
KISSIMMEE FL 34743

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 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

Signature, typed or printed name of registered agent, and term if applicable.

(NOTE: Registered Agent signature required when reinstating)

ANGELO GONZALEZ

4/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GONZALEZ, ANGELO
STREET ADDRESS 802 ASPENWOOD CIRCLE
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME VALLADARES, OBDULIO
STREET ADDRESS 1451 DORADO DR. APT. A
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME VALLADARES, MIRZA
STREET ADDRESS 1451 DORADO DR. APT. A
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

3.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME Irma Gonzalez
3.3 STREET ADDRESS 809 Aspenwood Circle
3.4 CITY-ST-ZIP Kissimmee FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELO GONZALEZ

4/8/96

(407) 870-0083

CR2E037 (12/95)