

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38026** (3)

1. Corporation Name
IGLESIA AVIVAMIENTO EMMANUEL INC.



Principal Place of Business: **710 27TH STREET WINTER HAVEN FL 33880**
Mailing Address: **710 27TH STREET WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified: **05/08/1990**
3a. Date of Last Report: **05/05/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-3010768**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **P.O. Box 2176**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **Winter Haven, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**
Zip: **33881** Country: **30**

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

**MELENDEZ, JOSE
2240 BORDEAU CT., APT. 5
AUBURNDALE FL 33823**

81 Name: **CARRION, Julio E.**
82 Street Address (P.O. Box Number is Not Acceptable): **1382 ARROW ST.**
83
84 City: **Port Charlotte** FL 85 Zip Code: **33952**

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: *Julio E. Carrion* **Julio E. Carrion, President** 1/29/96
Signature of principal, registered agent and officer or director (NOTE: Registered Agent Signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MELENDEZ, JOSE | |
| STREET ADDRESS | 2240 BORDEAU CT., APT. 5 | |
| CITY - ST - ZIP | AUBURNDALE FL 33823 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | CABRERA, OLGA | |
| STREET ADDRESS | 200 AVENUE K, SE | |
| CITY - ST - ZIP | WINTER HAVEN FL 33880 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | MELENDEZ, JUAN | |
| STREET ADDRESS | 439 21ST ST., SW | |
| CITY - ST - ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERNANDEZ, BELEN | |
| STREET ADDRESS | 941 PIEDMONT DRIVE | |
| CITY - ST - ZIP | WINTER HAVEN FL 33881 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERRERN, TOMAS | |
| STREET ADDRESS | 3601 BAKER AVE., #96 | |
| CITY - ST - ZIP | HAINES CITY FL 33844 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---------------------------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CARRION, Julio E. | |
| 1.3 STREET ADDRESS | 1382 ARROW ST. | |
| 1.4 CITY - ST - ZIP | Port Charlotte, FL 33952 | |
| 2.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | FERNANDEZ, Veronica | |
| 2.3 STREET ADDRESS | 303 PARKER LANE N.E. | |
| 2.4 CITY - ST - ZIP | WINTER HAVEN, FL 33881 | |
| 3.1 TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | GONZALEZ, Freddie | |
| 3.3 STREET ADDRESS | 710 27TH ST. N.W. | |
| 3.4 CITY - ST - ZIP | Winter Haven, FL 33881 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | HERRERA, TOMAS | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Julio E. Carrion* **Julio E. Carrion** 1/29/96 (941) 625-0475
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)