


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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: P.O. BOX 2176 WINTER HAVEN FL 33881 US

3. Date Incorporated or Qualified: 05/08/1990  
 4. FEI Number: 59-3010768  
 Applied For: Not Applicable

2. Principal Place of Business: 710 27 STREET N.W. WINTER HAVEN FL 33880  
 2a. Mailing Address: P.O. BOX 2176 WINTER HAVEN FL 33881 US  
 23. City & State: WINTER HAVEN FL  
 28. City & State: WINTER HAVEN FL  
 24. Zip: 33880 Country: Polk  
 29. Zip: 33881 Country: Polk

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association? Yes No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CARRION, JULIO E. 1382 ARROW ST. PT. CHARLOTTE FL 33952

10. Name and Address of New Registered Agent: ALFREDO GONZALEZ 710 27 ST. NW WINTER HAVEN FL 33881

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: *Alfredo Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE: 7/1/98

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARRION, JULIO E.	
STREET ADDRESS	1382 ARROW ST.	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MORALES, JANET	
STREET ADDRESS	520 LK DEXTER BLVD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ FREDDY	
STREET ADDRESS	GONZALEZ, FREDDY	
CITY-ST-ZIP	710 27TH ST. NW WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, BELEN	
STREET ADDRESS	941 PIEDMONT DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD ALFREDO GONZALEZ - Pastor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	710 27 ST. N.W.	
1.3 STREET ADDRESS	WINTER HAVEN, FL	
1.4 CITY-ST-ZIP	33880	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD HILDA RIVERA - TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2115 34 ST. NW	
3.3 STREET ADDRESS	WINTER HAVEN, FL 33881	
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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.

SIGNATURE: *Alfredo Gonzalez - Pastor* DATE: 7/1/98 DAYTIME PHONE #: (941) 424 2362

CR2E037 (5/98)