

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47411** (6)
1. Corporation Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE, INC.



Principal Place of Business: **1600 MABBETTE STREET KISSIMMEE FL 34741**
Mailing Address: **1600 MABBETTE STREET KISSIMMEE FL 34741**

3. Date Incorporated or Qualified: **02/18/1992**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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: **BENITES, JAIME H 4156 BALD EAGLE DR KISSIMMEE FL 34746**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DO <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENITES, JAIME | 1.2 NAME | |
| STREET ADDRESS | 4156 BALD EAGLE DR. | 1.3 STREET ADDRESS | 1308 HIGHLAND CA |
| CITY - ST - ZIP | KISSIMMEE FL | 1.4 CITY - ST - ZIP | KISSIMMEE FL 34744 |
| TITLE | DV <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RIVERA, NITZA | 2.2 NAME | MONROE, FELIX |
| STREET ADDRESS | 1322 OAK GROVE CT | 2.3 STREET ADDRESS | 23 SILVER PARK CIRCLE |
| CITY - ST - ZIP | KISSIMMEE FL | 2.4 CITY - ST - ZIP | KISSIMMEE FL 34743 |
| TITLE | TR <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MENDEZ, IRMA | 3.2 NAME | GONZALEZ, Virginia |
| STREET ADDRESS | 3390 MORNINGSIDE DR | 3.3 STREET ADDRESS | 302 CHIQUITA CT. |
| CITY - ST - ZIP | KISSIMMEE FL | 3.4 CITY - ST - ZIP | KISSIMMEE, FL 34758 |
| TITLE | TR <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ESCUDERO, FRANCISCO | 4.2 NAME | TR Segura, Lesbia |
| STREET ADDRESS | 1315 EMMETT ST | 4.3 STREET ADDRESS | 810 WAKEFIELD WAY |
| CITY - ST - ZIP | KISSIMMEE FL | 4.4 CITY - ST - ZIP | KISSIMMEE, FL 34758 |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JIMENEZ, CARLOS | 5.2 NAME | |
| STREET ADDRESS | 204 LINDO CT | 5.3 STREET ADDRESS | 700001733627 |
| CITY - ST - ZIP | KISSIMMEE FL | 5.4 CITY - ST - ZIP | -03/06/96--01021--013 |
| TITLE | S <input type="checkbox"/> DELETE | 6.1 TITLE | ***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIVERA, NITZA | 6.2 NAME | |
| STREET ADDRESS | 3524 DAWN AVE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | KISSIMMEE FL | 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: _____ DATE: **1-17-96** KEYSTONE PRINTER # **(407) 810 8572**

CR2E037 (12/95)