

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/18/1992

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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
**FELIX MUNEZ
23 SILVER PARK CIRCLE
KISSIMMEE FL 34758**

10. Name and Address of New Registered Agent
81. Name **Jorge I. Rivera**
82. Street Address (P.O. Box Number is Not Acceptable)
1322 OAK GROVE CT
83. City **Kissimmee** FL 85. Zip Code **34744**

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]* DATE: **1-22-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO	1.1 TITLE	DO -
NAME	MUNOZ, FELIX	1.2 NAME	Jorge I. Rivera
STREET ADDRESS	23 SILVER PARK	1.3 STREET ADDRESS	1322 OAK GROVE CT
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	T	2.1 TITLE	T
NAME	JIMENEZ, BENJAMIN	2.2 NAME	Nydia Torres
STREET ADDRESS	2511 CORAL AVE.	2.3 STREET ADDRESS	2416 Placetas Ct.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, FL
TITLE	TR	3.1 TITLE	S
NAME	MENDEZ, IRMA	3.2 NAME	Marilyn Ayala
STREET ADDRESS	3390 MORNINGSIDE DR	3.3 STREET ADDRESS	3654 Late Morning Cr.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, FL
TITLE	T	4.1 TITLE	V
NAME	SEGURA, LESBIA	4.2 NAME	Segura, Lesbia
STREET ADDRESS	810 WAKEFIELD WAY	4.3 STREET ADDRESS	810 Wakefield Way
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	Kissimmee, FL
TITLE	T	5.1 TITLE	TR
NAME	JIMENEZ, CARLOS	5.2 NAME	María S. Jiménez
STREET ADDRESS	204 LINDO CT	5.3 STREET ADDRESS	204 Lindo Ct.
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	Kissimmee, FL
TITLE	S	6.1 TITLE	TR
NAME	RIVERA, NITZA	6.2 NAME	Iván Méndez
STREET ADDRESS	3524 DAWN AVE	6.3 STREET ADDRESS	3390 Morningside Dr
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	Kissimmee, FL

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: *[Signature]* DATE: **1-22-98 (407) 246 3061**

CR2E037 (10/97)