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Feb 18, 1999 8:00am
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02-18-1999 90107 035 *****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N47411

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/18/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERA, JORGE I.
 1322 OAK GROVE CT
 KISSIMMEE FL 34744

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DO DELETE
 NAME RIVERA, JORGE I.
 STREET ADDRESS 1322 OAK GROVE CT.
 CITY-ST-ZIP KISSIMMEE FL 34774

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

TITLE T DELETE
 NAME TORRES, NYDIA
 STREET ADDRESS 2416 PLACETAS CT.
 CITY-ST-ZIP KISSIMMEE FL

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

TITLE S DELETE
 NAME AYALA, MARILYN
 STREET ADDRESS 3654 LATE MORNING CIR.
 CITY-ST-ZIP KISSIMMEE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE V DELETE
 NAME SEGURA, LESBIA
 STREET ADDRESS 810 WAKEFIELD WAY
 CITY-ST-ZIP KISSIMMEE FL

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

TITLE TR DELETE
 NAME JIMENEZ, MARIA S.
 STREET ADDRESS 204 LINDO CT.
 CITY-ST-ZIP KISSIMMEE FL

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

TITLE TR DELETE
 NAME MENDEZ, IVAN
 STREET ADDRESS 3390 MORNINGSIDE DR
 CITY-ST-ZIP KISSIMMEE FL

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Jorge I. Rivera*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 (407) 846-3061
 Date Daytime Phone #

CR2E037 (11/98)