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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:07

DOCUMENT # N92000000513 (3)

1. Corporation Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, INC.

Principal Place of Business	Mailing Address
400 N. 35TH AVENUE HOLLYWOOD FL 33021	400 N. 35TH AVENUE HOLLYWOOD,FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0397541 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 6012
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Hollywood, Fl.
24 Zip / 25 Country	29 33081 / 30 Country

9. Name and Address of Current Registered Agent

GARCIA, DAVID
2460 FLORIDA MANGO
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, DAVID	1.2 NAME	Garcia, David
STREET ADDRESS	2460 FLORIDA MANGO	1.3 STREET ADDRESS	640 S. Park Rd. apt. 4-22
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	Hollywood, Fl. 33021
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DE HOYOS, IRMA	2.2 NAME	DE Hoyos, Irma
STREET ADDRESS	6709 NW, 192 TERR	2.3 STREET ADDRESS	15731 N.W. 7th St.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Pembroke Pine, Fl. 33028
TITLE	TD	3.1 TITLE	☑ Change ☐ Addition
NAME	PONCE, NELIDA	3.2 NAME	Patria Miranda
STREET ADDRESS	6416 OAK ST	3.3 STREET ADDRESS	4521 S.W. 22 St.
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Plantation, Fl. 33317
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: David Garcia 2/27/95 963-2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008863

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax (
5. Submit with total amount due in th
   Fee is $130.00.

Note: Please send all correspondence to: P.O. Box 6012, Hollywood, FL 33081-6012

Block 1. Block 1 is preprinted with the corpora … of corporation cannot be changed by …

Block 2. Enter the principal place of business if …

Block 2a. If the computer-entered mailing addre…

Block 3. Enter the date of incorporation or qua…

Block 3a. Enter the file date of the last filed anni…

Block 4. Complete Block 4 by entering your Fe… now provide the FEI number. For assis…

Block 5. Should you desire a certificate reflectir… fee.

Block 6. Florida law allows for a voluntary contr… and members of the Cabinet. If you wo…

Block 7. If this corporation is a non-profit corp… is not subject to the $68.75 supplemer… corporation fee. Please direct all quest…

Block 8. Check the appropriate box. Please dire…

Block 9. The law requires that each corporation … In Block 10. There is no additional fee t…

Block 10. Enter name of new Registered Agent a… THE CORPORATION CANNOT BE ITS (…

Block 11. The new registered agent must indicat… signing in Block 11. No signature is ne… their position with the corporation. NO…

Block 12. Block 12 contains the last information … block 13. If there is no change in the ir…

Block 13. Block 13 is for changes or additions to … title line: *P=President; V=Vice Presider … positions, e.g., S/D; V/S; V/T/D.* A NON … or "T" MUST BE PLACED BY THE NAM… director's address is confidential purs… If there is no street address, enter the …

Block 14. This report must be signed in Block 14 w… …gnature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an … …nent with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

…ited States Bank to Department of State.)

…iously reported to our office. The name

…reported, in Block 2.

…is acceptable.

…d for" is preprinted in Block 4, you must

…include an additional $8.75 with your filing

…al campaigns for the offices of the Governor

…e, please check the box. The corporation …porations must pay the supplemental

…) is incorrect, enter the correct information

…is NOT acceptable for service of process.

…ns and this appointment by completing and … corporation, the person signing must state

…, corrections or additions are to be made in

…ible. Use the following type symbols on the *…rson holds more than one position, enter all* …HEIR STREET ADDRESSES. THE LETTER "D" …RS OF AGE OR OLDER. NOTE: If officer or …ficers/Directors must list street addresses.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.