

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

P O BOX 6012
HOLLYWOOD FL 33081
US

3. Date Incorporated or Qualified
11/30/1992

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **6141 Pembroke Rd.**

26 **Same above.**

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 **Hollywood**

City & State

28

Zip

24 **33021**

Country

25 **Broward**

Zip

29

Country

30

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 **GARCIA David**
82 Street Address (P.O. Box Number is Not Acceptable)
126 N.W. 152 AVE.
83
84 City **Pembroke Pine FL** 85 Zip Code **33028**

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

TITLE ☐ DELETE
NAME **PD GARCIA, DAVID**
STREET ADDRESS **640 S. PARK RD., APT 4-22**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **SD DE HOYOS, IRMA**
STREET ADDRESS **15731 N.W. 7TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE
NAME **TD PATRI, MIRANDA**
STREET ADDRESS **4521 S.W. 22 ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P.D. GARCIA David**
1.3 STREET ADDRESS **126 N.W. 152 AVE**
1.4 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **S.D. MIRANDA PATRIA**
2.3 STREET ADDRESS **4521 S.W. 22 ST.**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T.D. ARROYO PANTOJA, MARIA del C**
3.3 STREET ADDRESS **528 N.W. 157 AVE**
3.4 CITY-ST-ZIP **Pembroke Pines FL 33029**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **000001741970**
5.3 STREET ADDRESS **-03/13/96--01073--026**
5.4 CITY-ST-ZIP *****61.25**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

David Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96
Date

Daytime Phone # **313 101**

CR2E037 (12/95)