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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N92000000513

1. Corporation Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, INC.

Principal Place of Business

6141 PEMBROKE RD HOLLYWOOD FL 33021

Mailing Address

6141 PEMBROKE RD HOLLYWOOD FL 33023 US



2. Principal Place of Business

2a. Mailing Address

21 Same

26 OK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/30/1992

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

9. Name and Address of Current Registered Agent

GARCIA, DAVID 126 N.W. 152 AVE PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

81 Name N/A

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

TITLE PD DELETED

NAME GARCIA, DAVID STREET ADDRESS 126 N.W. 152ND AVE CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE SD DELETED

NAME MIRANDA, PATRIA STREET ADDRESS 4521 S.W. 22 ST CITY-ST-ZIP PEMBROKE PINES FL

TITLE TD DELETED

NAME ARROYO-PANTOJA, MARIA C STREET ADDRESS 528 N.W. 157 AVE CITY-ST-ZIP PEMBROKE PINES FL

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99

CR2E037 (1/98)