

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 23 PM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N9300000831 (8)**

1. Corporation Name

**IGLESIA MISIONERA MUNDIAL, INC.**

Principal Place of Business

Mailing Address

217 E AZTEC AVE  
CLEWISTON FL 33440  
US

PO BOX 1867  
CLEWISTON FL 33440  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/11/1993**

3a. Date of Last Report  
**03/03/1994**

4. FEI Number

**65-0397182**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, H. G  
2014 4TH ST.  
SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
RIVERA, RAUL  
429 W PASADENA AVE  
CLEWISTON FL

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

VD  
Rivera Raul  
333 W. Obispo ave  
Clewiston, FL 33440

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
SANCHEZ, MARIA B  
411 W. SAGAMORE  
CLEWISTON FL 33440

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
PERERA, MIGUEL A  
1649 TAMMY RD.  
CLEWISTON FL 33440

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
RIVERA, ANTONIO SR.  
333 W. OBISPO AVE.  
CLEWISTON FL 33440

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

PD  
Rivera, Antonio Sr.  
333 W. Obispo Ave.  
Clewiston, FL 33440

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
RIVERA, GENEL L  
429 W PASADENA AVE  
CLEWISTON FL

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**6**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D  
Cerde, Baltazar  
Twin lake tr pk 1072  
Clewiston, FL 33440

Change  Addition

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:

*Raul Rivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95

Date

813 983-8025

License (Form 9)