

**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 # **N93000000831 (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

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

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

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 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, RAUL	1.2 NAME	RIVERA, RAUL
STREET ADDRESS	333 W ABISPO AVE	1.3 STREET ADDRESS	RT 1 Box 31 A
CITY - ST - ZIP	CLEWISTON FL	1.4 CITY - ST - ZIP	CLEWISTON FL 33440
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARIA B	2.2 NAME	
STREET ADDRESS	411 W. SAGAMORE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL 33440	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, MIGUEL A	3.2 NAME	
STREET ADDRESS	1849 TAMMY RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL 33440	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ANTONIO SR	4.2 NAME	RIVERA, ANTONIO SR
STREET ADDRESS	333 W OBISPO AVE	4.3 STREET ADDRESS	400 W El Paso
CITY - ST - ZIP	CLEWISTON FL	4.4 CITY - ST - ZIP	CLEWISTON FL 33440
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, GENEL L	5.2 NAME	RIVERA, GENEL L
STREET ADDRESS	429 W PASADENA AVE	5.3 STREET ADDRESS	RT 1 Box 31 A
CITY - ST - ZIP	CLEWISTON FL	5.4 CITY - ST - ZIP	Clewiston FL 33440
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERDA, BALTAZAR	6.2 NAME	
STREET ADDRESS	TWIN LAKE TRAIL PARK LOT 72	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEWISTON FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

Date

(941) 983-8191

Daytime Phone #

CR2E037 (12/95)