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FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000831 (8)
1. Corporation Name
IGLESIA MISIONERA MUNDIAL, INC.



Principal Place of Business 217 E AZTEC AVE CLEWISTON FL 33440 US	Mailing Address PO BOX 1867 CLEWISTON FL 33440-1867 US
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3. Date Incorporated or Qualified 03/11/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0397182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 Same as above
Suite, Apt. #, etc. 22 Same as above	Suite, Apt. #, etc. 27 Same as above
City & State 23 Same as Above	City & State 28 Same as Above
Zip 24 Same	Country 25 Same
Zip 29 Same	Country 30 Same

9. Name and Address of Current Registered Agent
**LEE, H. G
2014 4TH ST.
SARASOTA FL 34237**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVIERA, RAUL	
STREET ADDRESS	RT 1 BOX 31 A	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERERA, MIGUEL A	
STREET ADDRESS	1649 TAMMY RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIVERA, ANTONIO SR	
STREET ADDRESS	400 W EL PASO	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIVERA, GENEL L	
STREET ADDRESS	RT 1 BOX 31 A	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CERDA, BALTAZAR	
STREET ADDRESS	TWIN LAKE TRAIL PARK LOT 72	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD Perera, Miguel A
2.3 STREET ADDRESS	413 W. Crescent Dr.
2.4 CITY-ST-ZIP	Clewiston, FL 33440
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ DATE **2/20/97**

CR2E037 (9/96)