NONPROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000000831

IGLESIA MISIONERA MUNDIAL, INC.

Principal Place of Busines
217 E AZTEC AVE
CLEWISTON FL 33440

Mailing Address

PO BOX 1867

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90007 021 \*\*\*\*70.00

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CLEWISTON FL	L 33440	CLEWISTON FL 33440											
US		U\$			* 188(1) 6) 6 (8) (1) (1) (8) (1)	. 68111 49111 301		(8) ()8) (48)					
2 Dringing D	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed								
	Iace of Business	26			03/11/1993								
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number								
22	<del>, , , , , , , , , , , , , , , , , , , </del>	27			65-0397182-		Not Applicable						
City & State	8	City & State	<del></del>			7	\$8.75 A	dditional					
23	•	28			5. Certifcate of Status Desired	<b>∀</b>	Fee Re	quired					
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be					
24	25	29 30	0		Trust Fund Contribution		Added t	•					
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New F	Registered /	Agent						
			81	Name									
LEE, H. G	1		82	Street A	ddress (P.O. Box Number is Not Accepta	able)							
2014 4TH			02	3110017	duless (r.O. Dox Humber is Hot Accept	,,,,,							
	A FL 34237		83					··· ]					
SANASUI	A FL 34237		-	-			85 Zip C	`ode					
			84	1 1		FL		i					
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statutes,	, the above	e-named o	orporation submits this statement for the ation's board of directors. I hereby acceptance	purpose of	changing its	registered					
office or r	registered agent, or both, in the State	te of Florida. Such change was auth	norized by a Statutes	the corpor	ation's board of directors. I hereby accep	ot the appoir	itment as re	gistereo					
agent, I am tamiliar with, and accept the obligations of, Section 617.0505, Florida Statutes.													
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: Re	egistered Ager	nt signature req	guired when reinstating)	DATE							
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN							
TITLE	PD	☐ DELETE	1.1 TITLE	ł			Change	☐ Addition					
NAME	RIVIERA, RAUL		1.2 NAME										
STREET ADORESS	RT 1 BOX 31 A		1.3 STREET	T ADDRESS									
CITY-ST-ZIP	CLEWISTON FL		1.4 CITY-S	T-ZIP									
TITLE	TD	☐ DELETE	2.1 TITLE				Change	Addition					
NAME	PERERA, MIGUEL A		2.2 NAME					}					
STREET ADDRESS			2.3 STREE	T ADDRESS									
CITY-ST-ZIP	CLEWISTON FL.		2.4 CITY-S	ST-ZIP									
TITLE	VD	☐ DELETE	3.1 TITLE		. <u>-</u>		☐ Change	Addition					
NAME	RIVERA, ANTONIO SR		3.2 NAME										
STREET ADORESS	400 W EL PASO		3.3 STREE	TADDRESS									
ÇITY-ST-ZIP	CLEWISTON FL		3.4. CITY-5	ST-ZIP									
TITLE	SD	☐ DELETE	4.1 TITLE				Change	Addition					
NAME	RIVERA, GENEL L		4. 2 NAME				•						
STREET ADDRESS	<u>_</u>		4.3 STREE	TADORESS				1					
CITY-ST-ZIP	CLEWISTON FL		4.4 CITY-S	T-ZIP									
TILE	D	☐ DELETE	5.1 TITLE			<del></del>	Change	☐ Addition {					
NAME	CERDA, BALTAZAR		5.2 NAME	1									
STREET ADDRESS		72	5.3 STREE	T ADDRESS				İ					
CITY-ST-ZIP	CLEWISTON FL		5.4 CITY-S	T-ZIP									
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition					
NAME			6.2 NAME										
STREET ADDRÉSS	45 7 CT		6.3 STREE	T ADDRESS				ĺ					
CITY-ST-ZIP	l.		6.4 CITY-S	T-ZIP									

14:-31-20-23-1.

14:-1 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 suppliemental 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 composition of the report of 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!