

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 # N93000001276 (5)
1. Corporation Name

PRIMERA IGLESIA HISPANA DISCIPULOS DE CRISTO DE SEBRING, INC.



Principal Place of Business: 3700 SCHUMACHER ROAD SEBRING FL 33870
Mailing Address: 3700 SCHUMACHER ROAD SEBRING FL 33870

3. Date Incorporated or Qualified: 03/16/1993
3a. Date of Last Report: 01/27/1995
4. FEI Number: 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

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

9. Name and Address of Current Registered Agent: AGOSTO, FELIX, 3126 GROUPE DR Grouper DR, SEBRING FL 33870
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	AGOSTO, FELIX 3126 GROUPE DRIVE SEBRING FL 33870	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD	COLON, ERIC P O BOX 1241 N/A SEBRING FL 33871	12 NAME	
TITLE: TD	PONCE, ALBERTO 5013 MANATEE DR SEBRING FL 33870	13 STREET ADDRESS	
TITLE: TD	AGOSTO, ROSA 3126 GROUPE DR SEBRING FL 33870	14 CITY-ST-ZIP	
TITLE:		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		22 NAME	
TITLE:		23 STREET ADDRESS	
TITLE:		24 CITY-ST-ZIP	
TITLE:		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		32 NAME	
TITLE:		33 STREET ADDRESS	
TITLE:		34 CITY-ST-ZIP	
TITLE:		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		42 NAME	
TITLE:		43 STREET ADDRESS	
TITLE:		44 CITY-ST-ZIP	
TITLE:		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		52 NAME	
TITLE:		53 STREET ADDRESS	
TITLE:		54 CITY-ST-ZIP	
TITLE:		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		62 NAME	
TITLE:		63 STREET ADDRESS	
TITLE:		64 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