

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra L. Bartham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000003253 (2)

1. Corporation Name

IGLESIA CASA DE ALABANZA DE KISSIMMEE, INC.

Principal Place of Business

Mailing Address

11990 ATLIN DRIVE
ORLANDO FL 32837

11990 ATLIN DRIVE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1993

3a. Date of Last Report

08/12/1994

4. FEI Number

59-3197961

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

CANUELAS, EFRAIN
11990 ATLIN DRIVE
ORLANDO FL 32837

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CANUELAS, EFRAIN
STREET ADDRESS 11990 ATLIN DRIVE
CITY - ST - ZIP ORLANDO FL 32837

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE VD
NAME SOTOMAYOR, HECTOR
STREET ADDRESS 1628 E. AMELIA STREET
CITY - ST - ZIP ORLANDO FL 32803

21 TITLE Change Addition
22 NAME DAVID COLLAZO
23 STREET ADDRESS 2023 N. CARIBBEAN DRIVE
24 CITY - ST - ZIP KISSIMMEE, FL 34741

TITLE SD
NAME CANUELAS, LERCY
STREET ADDRESS 11990 ATLIN DRIVE
CITY - ST - ZIP ORLANDO FL 32837

31 TITLE Change Addition
32 NAME CANUELAS, LERCY
33 STREET ADDRESS 11990 ATLIN DRIVE
34 CITY - ST - ZIP ORLANDO, FL 32837

TITLE TD
NAME NIEVES, ABIGAIL
STREET ADDRESS 1600 W. CARROLL STREET, APT. 88
CITY - ST - ZIP KISSIMMEE FL 34741

41 TITLE Change Addition
42 NAME CINDY DAL VALLE
43 STREET ADDRESS 165 W. CEDAR WOOD CIR
44 CITY - ST - ZIP KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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 110.07(3)(b), 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: *Efrain Canuelas*
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

03-05-95 (407) 240-0695
DATE (typed name)