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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003253 (2)

1. Corporation Name

IGLESIA CASA DE ALABANZA DE KISSIMMEE, INC.



Principal Place of Business

Mailing Address

2109 WEST CLAY ST.
KISSIMMEE FL 34742

P.O. BOX 422464
KISSIMMEE FL 34742-2464

3. Date Incorporated or Qualified
07/21/1993

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

21 1350-C S. Bermuda Ave

26 P.O. BOX 422464

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
KISSIMMEE FL

27 City & State
KISSIMMEE Florida

Zip

Country

Zip

Country

24 34741

25

28 34742

30 U.S.A.

4. FEI Number
59-3197961

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

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 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 *Efrain Canuelas*

Efrain Canuelas

2/8/97

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME COLLAZO, DAVID
STREET ADDRESS 2023 N. CARLBEAN DRIVE
CITY-ST-ZIP KISSIMMEE FL DELETE

2.1 TITLE TD Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE VD Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME DEL VALLE, CINDY
STREET ADDRESS 185 W. CEDARWOOD CIR.
CITY-ST-ZIP KISSIMMEE FL DELETE

4.1 TITLE Sotomayor, Cindy Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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:

Efrain Canuelas

2-8-97

CR2E037 (9/96)