

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

95 APR 14 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004415 (5)

1. Corporation Name
IGLESIA PENTECOSTAL SENDERO DE SANTIDAD, INC.

Principal Place of Business Mailing Address
2220 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990 2220 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1994** 3a. Date of Last Report
4. FEI Number **65-0520270** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26 **1234 Allen St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Fort Myers, FL.**
Zip Country Zip Country
24 25 29 **33916** 30

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
**GONZALEZ, MARITZA J
1234 ALLEN ST
FT MYERS FL 33916**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GONZALEZ, MIGUEL
STREET ADDRESS	1234 ALLEN ST
CITY - ST - ZIP	FT MYERS FL 33916
TITLE	D
NAME	GONZALEZ, MARITZA J
STREET ADDRESS	1234 ALLEN ST
CITY - ST - ZIP	FT MYERS FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D/S Gonzalez, Maritza J
2.3 STREET ADDRESS	1234 Allen St., F
2.4 CITY - ST - ZIP	FT MYERS FL 33916
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Victor Lopez
3.3 STREET ADDRESS	15861 Saddlewood Lane
3.4 CITY - ST - ZIP	Cape Coral, FL 33991
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 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: _____ **4-6-95** **339-1828**
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR Title (Type in Block 13)