

FILE NOW: FILING FEE IS \$61.25

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97 FEB 26 PM 1:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001888 (4)  
1. Corporation Name  
IGLESIAS PENTECOSTALES DE DIOS, INC.

Principal Place of Business: 2929 FLOYD STREET SARASOTA FL 34239  
Mailing Address: 2929 FLOYD STREET SARASOTA FL 34239-2719

3. Date Incorporated or Qualified: 04/08/1996  
3a. Date of Last Report  
4. FEI Number  
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 (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
RAMOS, WILLIAM V  
2929 FLOYD STREET  
SARASOTA FL 34239

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|---|---|-----------------------|
| TITLE                      | PD<br>RAMOS, WILLIAM V<br>2066 8TH STREET<br>SARASOTA FL    | 1.1 TITLE   | Change Addition       |
| NAME                       |   | 1.2 NAME  | 300002099033-6        |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    | -02/26/97--01099--016 |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       | ***183.75 *****61.25  |
| TITLE                      | V/D<br>GUTIERREZ, ELIAS L<br>2019 7TH STREET<br>SARASOTA FL | 2.1 TITLE   | Change Addition       |
| NAME                       |   | 2.2 NAME  |                       |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | S/D<br>RIVERA, MARIA V<br>1503 CENTRAL AVE<br>SARASOTA FL   | 3.1 TITLE   | Change Addition       |
| NAME                       |   | 3.2 NAME  |                       |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | T<br>HERNANDEZ, JUAN C<br>3002 N OLA AVE<br>TAMPA FL        | 4.1 TITLE   | Change Addition       |
| NAME                       |   | 4.2 NAME  |                       |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |   | 5.1 TITLE   | Change Addition       |
| NAME                       |   | 5.2 NAME  |                       |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |   | 6.1 TITLE   | Change Addition       |
| NAME                       |   | 6.2 NAME  |                       |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |   | 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: *[Handwritten Signature]* 2/25/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0063512

CR2E037 (9/96)