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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006281**

1. Corporation Name
CENTRO CRISTIANO AGAPE DE LAS ASAMBLEA DE DIOS I NC.

Principal Place of Business	Mailing Address
1725 S. VOLUSIA AVE. ORANGE CITY FL	P. O. BOX 0396 DELTONA FL 32739 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1725 S. Volusia AVE. Suite, Apt. #, etc.	26 P.O. Box 0396 Suite, Apt. #, etc.	11/05/1997
22	27	4. FEI Number 59-3485616 ☒ Applied For ☐ Not Applicable
23 Orange City, FL. City & State	28 Deltona, FL. City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 32763 Zip 25 Volusia Country	29 32738 Zip 30 Volusia Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUAREZ, DAVID 313 DIRKSEN DR APT 5G DEBARY FL 32713	81 Name Suarez, Davia 82 Street Address (P.O. Box Number is Not Acceptable) 83 313 Dirksen,DR 84 City DeBary **FL** 85 Zip Code 32713

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 [signature] 1/18/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TP SUAREZ, REV. DAVID 313 DIRKSEN DR #5G DEBARY FL 32713	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	NO CHANGES	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CORDERO, CHRISTINA 2947 E WACO DR DELTONA FL 32738	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NO CHANGES	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSANO, CARMEN 510 GERALDINE DR DELTONA FL 32725	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T German Hernandez 1447 Lavender ST. Deltona, FL. 32725	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 1/18/99 (407)668-2088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #