

FILE NOW: FILING FEE IS \$61.25

AMENDED  
FILED

99 JUN 30 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0071213

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N98000005909**

1. Corporation Name  
**IGLESIA PENTECOSTAL LA GRAN COMISION INC.**

Principal Place of Business 13122 CROWELL ROAD BROOKSVILLE FL 34613	Mailing Address 13122 CROWELL ROAD BROOKSVILLE FL 34613
---	---



*11-14-99 90145 021 \$70.00*

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/15/1998	4. FEI Number 59-35-38436	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>PACHECO, CONRADO</b> 13122 CROWELL ROAD BROOKSVILLE FL 34613	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 <b>FL</b>
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<i>(Pd) Conrado Pacheco</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>13122 Crowell Rd.</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Brooksville Fla. 34613</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<i>(V.P.D) Maria Pacheco</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>13122 Crowell Rd.</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>Brooksville Fla. 34613</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>(D.) Rafael Pacheco</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>13122 Crowell Rd</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Brooksville Fla. 34613</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<i>Zosma (Z) Pola Gonzalez</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>8050 W. B. Stenerson Rd. Brooksville.</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Fla. 34613.</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Conrado Pacheco* **SIGNATURE REQUIRED 5-99** *352-599-1162*

CR2E037 (1/198)