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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P35635 (2)**

1. Corporation Name

CHURCH OF SOLDIERS OF THE CROSS OF CHRIST OF THE STATE OF CALIFORNIA, A CORPORATION SOLE

Principal Place of Business	Mailing Address
6466 FOSTER BRIDGE RD. BELL GARDENS CA 90201 US	6466 FOSTER BRIDGE RD. BELL GARDENS CA 90201-1835 US

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 95-4271655 ☐ 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

GONZALO, URZUA
144 N. E. 9TH CT. 3
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: MARTIN LUNA
82 Street Address (P.O. Box Number is Not Acceptable): 144 N.E. 9th CT. 3
83
84 City: HOMESTEAD FL 85 Zip Code: 33030

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: MARTIN LUNA Martin Luna DATE: 1-30-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD, TD, SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ROLANDO		1.2 NAME		
STREET ADDRESS	6466 FOSTER BRIDGE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELL GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	VCTD	☒ DELETE	2.1 TITLE	TD, PD, SD	☒ Change ☐ Addition
NAME	RIVERA, CESAR		2.2 NAME	GONZALEZ ROLANDO	
STREET ADDRESS	6466 FOSTER BRIDGE RD.		2.3 STREET ADDRESS	6466 FOSTER BRIDGE	
CITY-ST-ZIP	BELL GARDENS FL		2.4 CITY-ST-ZIP	BELL GARDENS CA 90201	
TITLE	SD	☒ DELETE	3.1 TITLE	SD, PD, SD	☒ Change ☐ Addition
NAME	ZEPEDA, LUIS		3.2 NAME	GONZALEZ ROLANDO	
STREET ADDRESS	6466 FOSTER BRIDGE RD.		3.3 STREET ADDRESS	6466 FOSTER BRIDGE	
CITY-ST-ZIP	BELL GARDENS FL		3.4 CITY-ST-ZIP	BELL GARDENS CA 90201	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: PRESIDENT ROLANDO GONZALEZ REQUIRED Rolando Gonzalez 1-30-97 (310) 927-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076351