NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35635

MISSIONARY CHURCH OF THE DISCIPLES OF JESUS CHRI ST, A CORPORATION SOLE

Principal Place of Business
6466 FOSTER BRIDGE RD.
BELL GARDENS CA 90201
140

2. Principal Place of Business

Suite, Apt. #, etc.

Titu & State

22

Mailing Address

2a. Mailing Address

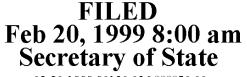
City & State

Suite, Apt. #, etc.

6466 FOSTER BRIDGE RD. BELL GARDENS CA 90201

26

27



02-20-1999 90130 036 ****70.00

Applied For

Not Applicable

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3. Date Incorporated or Qualifed

09/23/1991

95-4271655

4. FEI Number

City & Stat	16	28					5.	Certifcate o	f Status De	sired	\mathbf{V}		e Rec	ucitional luired
Zip	Country	L	Zip		intry		6.	Election Ca	, •	-		\$5	.00.	May Be
4	25	29		30				Trust Fund					ded to	Fees
	9. Name and Address of Current	Regi	stered Agent				10.	Name and	Address o	f New F	tegistere	d Agent		
					81	Name								
RIVERA, (CESAR				82	82 Street Address (P.O. Box Number is Not Acceptable)								
144 N.E.	9TH COURT				Ш	-								
STE. 3					83									
HOMESTI	EAD FL 33030				84	City			·			. 85	Zip C	ode
						Oily					F		_, _	
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Flori	ida. Such change was	authorized	i by i	-named cor the corporat	orporation ation's bo	n submits this pard of direct	s statement ors. I hereb	for the by accep	purpose of the app	of changir cointment :	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NO	TE: Registered	Agent	signature requir	uired when r	reinstating)	•	 -	DATE			
12.	OFFICERS AND			13.			/	ADDITIONS/	CHANGES	TO OF	ICERS /	AND DIRE	CTOF	RS IN 12
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NAME	GONZALEZ, ROLANDO			22 N										
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	BELL GARDENS FL				TY-SI	- 1								
CITY-ST-ZIP TITLE	DELL CANDERS I'L		☐ DELETE	4.1 TI	_	-211						☐ Cha	ange	Addition
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NAME				4. 2 N		*D00500								
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NAME				6.2 NA		1000555								
STREET ADDRESS						ADORESS								
				6.4 CI	TV CT	710 1								

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.