

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:22

DOCUMENT # N47411 (6)

1. Corporation Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE
INC.

Principal Place of Business

Mailing Address

1600 MABBETTE STREET
KISSIMMEE FL 34741

1600 MABBETTE STREET
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/18/1992

3a. Date of Last Report
03/03/1994

4. FEI Number

NOT APPLICABLE

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAJIGAS, CLEMENTE
1250 WELSON RD.
ORLANDO FL 32837

81 Name

JAIME H. BENITES

82 Street Address (P.O. Box Number is Not Acceptable)

4156 BALD EAGLE DR

83

84 City

KISSIMMEE

FL

85 Zip Code

34746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.1505, Florida Statutes.

SIGNATURE

(Signature, in ink, of printed name of registered agent and the if applicable)

JAIME H. BENITES

(NOTE: Registered Agent signature required when mandatory)

2-6-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DO
NAME	BENITES, JAIME
STREET ADDRESS	4156 BALD EAGLE DR.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	DV
NAME	MUNOZ, FELIX A
STREET ADDRESS	23 SILVER PARK CIRCLE
CITY - ST - ZIP	KISSIMMEE FL
TITLE	D
NAME	DE JESUS, AXEL C
STREET ADDRESS	4236 FT. COURAGE CIRCLE
CITY - ST - ZIP	KISSIMMEE FL
TITLE	J
NAME	JIMENEZ, CARLOS
STREET ADDRESS	101 ZACALO CT.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	J
NAME	GAJIGAS, CLEMENTE
STREET ADDRESS	1250 WELSON ROAD
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	DELGADO, CARMEN I
STREET ADDRESS	1110 WINDWAY CIRCLE
CITY - ST - ZIP	KISSIMMEE FL 34744

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	DV
2.3 STREET ADDRESS	RIVERA, IVAN J.
2.4 CITY - ST - ZIP	1322 OAK GROVE CT.
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	DR
3.3 STREET ADDRESS	MENDEZ, IRMA
3.4 CITY - ST - ZIP	3390 MORNINGSIDE DR
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	DR
4.3 STREET ADDRESS	ESCUDERO, FRANCISCO
4.4 CITY - ST - ZIP	1315 EMMETT ST.
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	J
5.3 STREET ADDRESS	JIMENEZ, CARLOS
5.4 CITY - ST - ZIP	304 LINDO CT.
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	S
6.3 STREET ADDRESS	RIVERA, NITZA
6.4 CITY - ST - ZIP	3524 DAWN AVE.

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 (changed), or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

JAIME BENITES

1-23-95 (402)846 3061

Name

Telephone Number