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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N47411 (6)

1. Corporation Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE  
, INC.

Principal Place of Business

1600 MABBETTE STREET  
KISSIMMEE FL 34741

Mailing Address

1600 MABBETTE STREET  
KISSIMMEE FL 34741



3. Date Incorporated or Qualified  
02/18/1992

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

9. Name and Address of Current Registered Agent

BENITES, JAIME H  
4156 BALD EAGLE DR  
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DO ☐ DELETE

NAME BENITES, JAIME  
STREET ADDRESS 4156 BALD EAGLE DR.  
CITY - ST - ZIP KISSIMMEE FL

TITLE DV ☒ DELETE

NAME RIVERA, IVAN I  
STREET ADDRESS 1322 OAK GROVE CT  
CITY - ST - ZIP KISSIMMEE FL

TITLE TR ☐ DELETE

NAME MENDEZ, IRMA  
STREET ADDRESS 3390 MORNINGSIDE DR  
CITY - ST - ZIP KISSIMMEE FL

TITLE TR ☒ DELETE

NAME ESCUDERO, FRANCISCO  
STREET ADDRESS 1315 EMMETT ST  
CITY - ST - ZIP KISSIMMEE FL

TITLE T ☐ DELETE

NAME JIMENEZ, CARLOS  
STREET ADDRESS 204 LINDO CT  
CITY - ST - ZIP KISSIMMEE FL

TITLE S ☐ DELETE

NAME RIVERA, NITZA  
STREET ADDRESS 3524 DAWN AVE  
CITY - ST - ZIP KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1308 HIGHLAND CA  
KISSIMMEE FL 34744

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DV  
MONROE, FELIX  
23 SILVER PARK CIRCLE  
KISSIMMEE FL 34743

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TR  
GONZALEZ, Virginia  
302 CHIQUITA CT.  
KISSIMMEE, FL 34758

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TR  
Segura, Lesbia  
810 Wakefield Way  
KISSIMMEE, FL 34758

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

700001733627  
-03/06/96--01021--013

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

\*\*\*\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-96

(407) 810 8572

CR2E037 (12/95)