

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770853 (0)
1. Corporation Name
IGLESIA PENTECOSTAL ESTRELLA DE JACOB INC.



Principal Place of Business
**10609 NW 7TH AVE.
MIAMI FL 33150-1007
US**

Mailing Address
**1899 NW 93RD TERRACE
MIAMI FL 33147-3149
US**

3. Date Incorporated or Qualified
10/20/1983

3a. Date of Last Report
03/16/1995

4. FEI Number
65-0446076

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

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

9. Name and Address of Current Registered Agent
**ALVARADO, JUAN R.
1899 N.W. 93RD TERRACE
MIAMI FL 33147**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, JUAN R.	1.2 NAME	
STREET ADDRESS	1899 N.W. 93RD TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, VICENTE	2.2 NAME	Jose L.Figueroa
STREET ADDRESS	1281 NW 116TH TERRACE	2.3 STREET ADDRESS	4220 S.66th Street
CITY-ST-ZIP	MIAMI FL 33167	2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OQUENDO, MONICA	3.2 NAME	
STREET ADDRESS	2270 N.W. 93RD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OQUENDO, MARTIN	4.2 NAME	
STREET ADDRESS	2270 NW 93RD TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, OTILIO	5.2 NAME	Concepcion Alvarado
STREET ADDRESS	931 NW 8TH ST RD.	5.3 STREET ADDRESS	1899 N.W.93rd Terrace
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, MIGDALIA	6.2 NAME	Ana Figueroa
STREET ADDRESS	1281 NW 116TH ST.	6.3 STREET ADDRESS	4220 S.66th Street
CITY-ST-ZIP	MIAMI FL 33167	6.4 CITY-ST-ZIP	Tampa, FL 33619

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: Sandra B. Morham 4-10-96 300 696-3970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)