

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34741-55843. Date Incorporated or Qualified
02/18/19923a. Date of Last Report
03/05/19964. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Zip

Country

24

25

Zip

29

Country

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BENITES, JAME H~~
~~4156 BALD EAGLE DR~~
~~KISSIMMEE FL 34746~~81 Name *Munoz Felix*

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

23 Silver Park CR.

83

84 City *Kissimmee*

FL

85 Zip Code *34758*

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

7-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DO
NAME BENITES, JAME
STREET ADDRESS 1308 HIGHLAND CR
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ DELETE1.1 TITLE DO
1.2 NAME *Munoz, Felix* ☒ Change ☐ Addition
1.3 STREET ADDRESS *23 Silver Park*
1.4 CITY-ST-ZIP *Kissimmee, FL 34758 43* ☐ Change ☒ AdditionTITLE DV
NAME MUNOZ, FELIX
STREET ADDRESS 23 SILVER PARK CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34758 43 ☒ DELETE2.1 TITLE TR
2.2 NAME *Benjamin Jimenez*
2.3 STREET ADDRESS *5511 CORAL AVENUE*
2.4 CITY-ST-ZIP *Kissimmee, FL 34741* ☐ Change ☒ AdditionTITLE TR
NAME MENDEZ, IRMA
STREET ADDRESS 3390 MORNINGSIDE DR
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE3.1 TITLE TR - *Leobia Segura*
3.2 NAME *810 Wakefield Way*
3.3 STREET ADDRESS *Kissimmee, FL 34758* ☐ Change ☒ AdditionTITLE TR
NAME GONZALEZ, VIRGINIA
STREET ADDRESS 302 CHIQUITA CT
CITY-ST-ZIP KISSIMMEE FL 34758 ☒ DELETE4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T
NAME JIMENEZ, CARLOS
STREET ADDRESS 204 LINDO CT
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE S
NAME RIVERA, NITZA
STREET ADDRESS 3524 DAWN AVE
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Felix Munoz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

Date

(407) 348-6288

Daytime Phone # 0088782

CR2E037 (9/96)