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Feb 22, 1999 8:00 am
Secretary of State

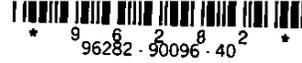
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005845

1. Corporation Name
IGLESIA DE DIOS MONTE HOREB, INC.



Principal Place of Business 18 S. MARKET BLVD. WEBSTER FL 33597	Mailing Address 18 S. MARKET BLVD. WEBSTER FL 33597
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 10578 C.R. 746-A	4. FEI Number 59-3373649
City & State 23	City & State 28 WEBSTER, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33597	Country 30 USA	

9. Name and Address of Current Registered Agent

RILEY, CHARLENE T
276 N. MARKET BLVD.
WEBSTER FL 33597

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENAVIDES, CRISTOBAL	
STREET ADDRESS	10518 C.R. 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENAVIDES, EMILIA	
STREET ADDRESS	10518 C.R. 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARLOS J	
STREET ADDRESS	113 SHILOH ST	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL J	
STREET ADDRESS	23 SE 1 AVE	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENAVIDES, IRENE	
STREET ADDRESS	10610 CR 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CEBALLOS, NALO	
STREET ADDRESS	10610 CR 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Michael J Harris* DATE: 01-07-99 DAYTIME PHONE #: (352) 793-7541

CR2E037 (1/198)