

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705368 (9)

1. Corporation Name
IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO INTERNACIONAL, INC.

Principal Place of Business 1661 NW 119TH ST. N. MIAMI FL 33167	Mailing Address 1661 NW 119TH ST. N. MIAMI FL 33167-3119
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21 2. Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 2a. Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified 03/22/1963	3a. Date of Last Report 06/03/1996
4. FEI Number 59-2044508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNAPP REV. JAMES
6701 JOHNSON STREET, APT. 310
HOLLYWOOD FL 33024**

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

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: *Rev. James Knapp* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KNAPP, JAMES REV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6701 JOHNSON ST. APT 310	1.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DE LEON, REV. DANIEL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5912 ANTILLAS DR.	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD NAZARIO, REV. EDGAR	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7454 HALLOW RIDGE CIR.	3.2 NAME	
STREET ADDRESS	ORLANDO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VS RIVERA, REV. ENRIQUE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1170 N.W. 126 ST.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD PORRATA, REV. ABISAID	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	350 BAGDAD AVE.	5.2 NAME	
STREET ADDRESS	OPA LOCKA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VT MARTINEZ, REV. ESPADA J	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3289 N.W. 99TH ST.	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edgar Nazario
2.3 STREET ADDRESS	7454 Hallow Ridge Cir.
2.4 CITY-ST-ZIP	Orlando Fl 32822
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pablo R. Barbosa
3.3 STREET ADDRESS	6137 Angus Dr.
3.4 CITY-ST-ZIP	Lakeland Fl 33809
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Samuel Torres
4.3 STREET ADDRESS	7830 Altavan Ave.
4.4 CITY-ST-ZIP	Orlando Fl 32822
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 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: *James Knapp* 4/14/97 305-685-5557

CR2E037 (9/96)