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Secretary of State

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0095030

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # 712963

1. Corporation Name

INTENSE PLAN OF EVANGELISM, INC.

460325 - 90139 - 38 5 \*

Principal Place of Business

P.O. BOX 605  
MIAMI FL 33135

Mailing Address

P.O. BOX 605  
MIAMI FL 33135



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/20/1967

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7044643

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELIAS, LEGRA  
525 EAST 9TH STREET  
HIALEAH FL 33010

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FUMERO, REV MARIO  
STREET ADDRESS 525 E. 9TH ST.  
CITY-ST-ZIP HIALEAH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  
NAME FUMERO, IRAIDA  
STREET ADDRESS 200 E 8TH ST #101  
CITY-ST-ZIP HIALEAH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME LEGRA, ELIAS  
STREET ADDRESS 422 E 29TH ST.  
CITY-ST-ZIP HIALEAH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  
NAME MARADIAGAL, LILIAN  
STREET ADDRESS 1641 NW 29TH ST  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD  
NAME NUNEZ, NODIER  
STREET ADDRESS 2110 NW 2ND ST  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T  
NAME DE NUNEZ, INA  
STREET ADDRESS 2110 NW 2NS ST  
CITY-ST-ZIP MIAMI FL

6.1 TITLE  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(305) 554-6931

Date

Daytime Phone #

CR2E037 (1/98)