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DIVISION OF CORP.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FILED
95 FEB 28 PM 4:21

DOCUMENT # 713885 (2)

1. Corporate Name
IGLESIA EVANGELICA INTERNACIONAL SOLDADOS DE LA CRUZ DE CRISTO, INC.

Principal Place of Business	Mailing Address
626 NW 2ND STREET MIAMI FL 33128	626 NW 2ND STREET MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1967
3a. Date of Last Report: 02/07/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
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 (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

ABDIEL, LUIS
641 W. FLAGLER STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALMEIDA, FLORENTINO	1.2 NAME	
STREET ADDRESS	636 NW 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, HERIBERTO	2.2 NAME	
STREET ADDRESS	1451 EDWARD L. GRANT HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, EUGENIA	3.2 NAME	
STREET ADDRESS	636 NW 2ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	STONE, JOYCE KAREN	4.2 NAME	
STREET ADDRESS	636 NW 2ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	WINGFIELD, MAGDIEL	5.2 NAME	
STREET ADDRESS	655 SW 1ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] Florentino Almeida February 17, 1995 (305) 325-0053
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0041101