


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713885** (2)

1. Corporation Name

**IGLESIA EVANGELICA INTERNACIONAL SOLDADOS DE LA  
CRUZ DE CRISTO, INC.**



Principal Place of Business <b>626 NW 2ND STREET MIAMI FL 33128</b>	Mailing Address <b>626 NW 2ND STREET MIAMI FL 33128</b>
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3. Date Incorporated or Qualified <b>12/29/1967</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>ABDIEL, LUIS 641 W. FLAGLER STREET MIAMI FL 33130</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD ALMEIDA, FLORENTINO</b>
STREET ADDRESS	<b>636 NW 2ND STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD HERNANDEZ, HERIBERTO</b>
STREET ADDRESS	<b>1451 EDWARD L. GRANT HWY</b>
CITY-ST-ZIP	<b>BRONX NY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S FERNANDEZ, EUGENIA</b>
STREET ADDRESS	<b>636 NW 2ND STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VS STONE, JOYCE KAREN</b>
STREET ADDRESS	<b>636 NW 2ND STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD WINGFIELD, MAGDIEL</b>
STREET ADDRESS	<b>655 SW 1ST STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 added or attached with an address.

SIGNATURE:  **FLORENTINO ALMEIDA** 1-13-98 (305) 325-9653

CR2E037 (1097)