

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



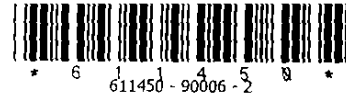
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 002 ****61.25

DOCUMENT # 727792 ✓
1. Corporation Name **IGLESIA DE DIOS HISPANA Del**
Gram miami, INCORPORATED
3163 NW 26 Street
Miami FL 33142-6323

Principal Place of Business **IGLESIA DE DIOS HISPANA**
3163 NW 26 Street
Miami FL 33142
Mailing Address **PO BOX 297**
Miami FL 33197



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO BOX 297 Miami FL 33197		10 / 12 / 1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		591953127	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRIZZELL Antonio		81 Name	
11900 S.W. 182 Terrace		82 Street Address (P.O. Box Number is Not Acceptable)	
Miami FL 33177		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	V/C/D GRIZZELL, RAQUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	11900 S.W. 182 Terr
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami FL 33177
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D GRIZZELL Antonio	2.2 NAME	
STREET ADDRESS	11900 S.W. 182 Terrace	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33197	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T GOMEZ CARMEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	11900 S.W. 182 Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami FL 33197
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	M/ RODRIGUEZ WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	11770 S.W. 185 St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33177
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/1999 3052531623
Date Daytime Phone #

CR2E037 (1/98)