File now: filing fee is,\$61,25					APPROVED		
NONPROFIT . FLORIDA DEPARTME					AND FILED		
I	CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of S			tham			
1996 W DIVISION OF CORP.				OBATIONS 1996 SEP 2U PH 1: 44			
DOCUMENT # 73250					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Corporation Name To Josin P. T. T. / C. AMINO A /A Chorin					TALLAHASSEE, FLORIDA		
Iglesia Penterostal Camino a la Gloria Inz Assemblies of God							
Principal Place of Business Mailing Address							
000 11 1711							
CLEWISTON FL. 33440 CLEWISTON 33440 CLEWISTON FL. 33440 Florida 45					40		
CLEWISION M. SSYTO Florida US					3. Date Incorporated or Qualified 3a. Date of Last Rep		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number App	lied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59 - /935588 Not. 5. Certificate of Status Desired \$8.75 Ad	Applicable Iditional	
City & Stat	Α	City & State			7 00 1104		
23		28			6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to		
Zip 24	Country 25	Zip 3	ICOU IO	intry	This corporation has liability for intangible tax under s. 1 Florida Statutes	199.032,	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent		
MANUEL MANZANO MANUEL MANZANO							
12820 351 W 1820					5 th Street West		
Le High Hoves					ehigh Acres		
N. 1-40					FL 85 379	7/	
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 Manual					6-30-9	<u>`6</u>	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME	Rev. MANUEL OLD		1.1 Ti 1.2 N	w w			
STREET ADDRESS	Address unknow	or -		REET ADDRESS	MANUEL THANZANO	PF037	
CITY-ST-ZIP TITLE	The ASUARE	T DELETE	1.4 CI 2.1 TI	TY-ST-ZIP	Lehigh Heres, 1-1 33/1/	Addition C	
NAME	Treasurer Montesino Dais	54	2.2 N		Treasurer Montesino Daisy	_	
STREET ADDRESS CITY-ST-ZIP	521 E VENTURA CLEWISTON FX.	AVE	1	reet address ity-st-zip	Sai E VENTUVA AVE CLEWISTON FL. 33440	1	
TITLE	Secretaly	LE DELETE	3.1 TI		Secretary Change	Addition	
STREET ADDRESS	10 10 10 10 10 10 10 10 10 10 10 10 10 1			NAME CONTROL	INTO THANZANO	•	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	1.1.	3.4. C	ITY-ST-ZIP	Lehish Acres, Fl 33971	III de ce	
TITLE NAME	ຂດດດເ	1967736	1.1 T) 1.2 N		KOSEWATUE NIALDONADO	Addition	
STREET ADDRESS	-10/08/98	S01101013 /		REET ADDRESS	THE BUD & E.C. PASOD		
CITY-ST-ZIP TITLE	*****61.	25 *****61.25	4.4 CI 5.1 TI	Y-ST-ZIP		Addition	
NAME	~~~~	- 	5.2 N		DANIEL GONZALEZ	_	
STREET ADDRESS CITY-ST-ZIP	-10/08/98	01967736 601101014_		REET ADDRESS	AUE L 471		
TITLE	******8.	and the second s	6.1 Tu		DICRETOR OF SUNDAY SCHOOL Change	Addition	
NAME CAREET ADORESES			62 N	i	er.1. Box 71 A	YJALE	
STREET ADDRESS City-St-Zip			6.4 C	REET ADDRESS TY: ST-ZIP	CLEWISTON, FL. 33440	ĺw,	
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)(k), 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: Monuel Monoro 6-30-96							
SIGNATURE: 100 CW OW O SO BIGNATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR Date Dayline Proce #							