FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # 739159 (2)

1. Corporation Name

IGLESIA CRISTIANA FUENTE DE PODER, ASAMBLEAS DE DIOS, INC.

Principal Place of Business	Mailing Address
521 BELVEDERE ROAD WEST PALM BEACH FL 33405-1228	P.O. BOX 7004 WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: 05/25/1977

4. FEI Number: 59-2367611 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 521 Belvedere Road	26 P.O. Box 7004
22 Suite, Apt. #, etc. Church Buildings	27 Suite, Apt. #, etc.
23 City & State W.P.B. Fla.	28 City & State W.P.B. Fla
24 Zip 33405 25 Country Palm B. County	29 Zip 33405 30 Country P.B.C.

9. Name and Address of Current Registered Agent

MURPHY, ADELO
108 SUN FLOWER CIRCLE
SUITE 1
ROYAL PALM BEACH FL 33405

10. Name and Address of New Registered Agent

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, ADELO		1.2 NAME		
STREET ADDRESS	108 SUNFLOWER CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MATOS, JOSE		2.2 NAME		
STREET ADDRESS	5648 ALBERT ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRADO, VARINIA		3.2 NAME		
STREET ADDRESS	2340 PALMETTO ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JARA, LEE		4.2 NAME		
STREET ADDRESS	3566 CHEROKEE AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CORTES, OSCAR		5.2 NAME		
STREET ADDRESS	5855 DE WORWATT PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [illegible] REQUIRED 01-18-98 659-6747