


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 744639 (6)</b>					
1. Corporation Name <b>IGLESIA PENTECOSTAL DEFENSORES DE LA FE, INC.</b>					
Principal Place of Business <b>1545 NE 128TH STREET N. MIAMI FL 33161</b>			Mailing Address <b>1545 NE 128TH STREET N. MIAMI FL 33161-5223</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/18/1978</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>03/04/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-0658731</b>	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>GILBERT ALVELO 12501 N.E. 13TH AVENUE NO. 319 NORTH MIAMI FL 33161</b>			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	T <input type="checkbox"/> DELETE				
NAME	<b>GILBERT ALVELO</b>				
STREET ADDRESS	<b>12501 N.E. 13TH AVE., NO. 319</b>				
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	<b>FONTANEZ, ANDRES</b>				
STREET ADDRESS	<b>1345N.W. 123 STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>MARTINEZ, ABIMAE</b>				
STREET ADDRESS	<b>1631 N.W. 114TH STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL 33167</b>				
TITLE	D <input type="checkbox"/> DELETE				
NAME	<b>RAFAEL IRIZARRY</b>				
STREET ADDRESS	<b>14701 N.E. 6TH AVENUE LOT 334</b>				
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>				
TITLE	S <input type="checkbox"/> DELETE				
NAME	<b>WANDA ALVELO</b>				
STREET ADDRESS	<b>12501 N.E. 13 AVE., NO. 319</b>				
CITY-ST-ZIP	<b>NORTH 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					



CR2E037 (9/96)

14. I do 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.