

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **745166** (9)

1. Corporation Name  
**IGLESIA CANAAN DEFENSORES DE LA FE INC.**



Principal Place of Business: **2001 WESTFALL DRIVE ORLANDO FL 32817**  
Mailing Address: **P O BOX 678717 ORLANDO FL 32867 US**

3. Date Incorporated or Qualified: **12/08/1978**  
3a. Date of Last Report: **02/16/1995**  
4. FEI Number: **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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 2001 Westfall Dr.**  
2a. Mailing Address: **26 P.O. Box 678717**  
22 Suite, Apt. #, etc.  
23 City & State: **Orlando,**  
28 City & State: **Orlando**  
24 Zip: **32817** 25 Country: **Orange**  
29 Zip: **32867-8717** 30 Country: **Orange**

9. Name and Address of Current Registered Agent  
**PARRILLA, MIGUEL A.  
8302 ESPERANZA STREET  
ORLANDO FL 32817**

10. Name and Address of New Registered Agent  
81 Name: **Hector Rodriguez**  
82 Street Address (P.O. Box Number is Not Acceptable): **833 Woodfield Court**  
83  
84 City: **Kissimmee** 85 Zip Code: **FL 34744**

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: *Hector Rodriguez* DATE: **1/20/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARILLA, MIGUEL A.	
STREET ADDRESS	8302 ESPERANZA STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VASQUEZ, SARA	
STREET ADDRESS	10358 SMYRNA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NIEVES, LILLIAN	
STREET ADDRESS	9510 ERIMTON DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hector Rodriguez	
1.3 STREET ADDRESS	833 Woodfield Court	
1.4 CITY-ST-ZIP	Kissimmee, FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Noemi del Valle	
2.3 STREET ADDRESS	833 Woodfield Court	
2.4 CITY-ST-ZIP	Kissimmee, FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lillian Nieves	
3.3 STREET ADDRESS	9510 Brinton Drive	
3.4 CITY-ST-ZIP	Orlando, FL	
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 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: **Hector Rodriguez** *Hector Rodriguez* DATE: **1/20/96** 407-344-2732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)