SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 24 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749963** **(5)**

1. Corporation Name

IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI, FLORIDA, INC."

Principal Place of Business	Mailing Address
6375 W.FLAGLER ST. MIAMI FL 33144-3057	6375 W.FLAGLER ST. MIAMI FL 33144-3057

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1979	3a. Date of Last Report: 10/07/1994
4. FEI Number: 59-1988049	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	FILING FEE IS $61.25
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALLARDO, LENIER L 6375 W. FLAGLER ST. MIAMI FL FL 33144	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: _____ (Name of New Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	PACHECO, JOSE C.	12 NAME	
STREET ADDRESS	13554 S.W. 47 LANE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GALLARDO, LENIER L	22 NAME	
STREET ADDRESS	6375 W FLAGLER ST	23 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PALOMINO, RENE	32 NAME	
STREET ADDRESS	7160 S.W. 64TH ST.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33143	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MELO, ANGELITA	42 NAME	
STREET ADDRESS	1550 WESTWARD DRIVE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI SPRINGS FL	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	GOLDEMBERG-HENZE, MONICA	52 NAME	
STREET ADDRESS	8275 N.W. 7 ST.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33126	54 CITY ST ZIP	7/24/95 mdf
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	# Deposited by Bank

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)(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: Rev. Lenier L. Gallardo 6-6-95 305-264-9059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E037 (3/95)

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