

# 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 # 749963 (5)**

1. Corporation Name

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

Principal Place of Business

**6375 W.FLAGLER ST.  
MIAMI FL 33144-3057**

Mailing Address

**6375 W.FLAGLER ST.  
MIAMI FL 33144-3057**



3. Date Incorporated or Qualified  
**11/29/1979**

3a. Date of Last Report  
**07/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PACHECO, JOSE C.</b>	
STREET ADDRESS	<b>13554 S.W. 47 LANE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLARDO, LENIER L</b>	
STREET ADDRESS	<b>6375 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PALOMINO, RENE</b>	
STREET ADDRESS	<b>7160 S.W. 64TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MELO, ANGELITA</b>	
STREET ADDRESS	<b>1550 WESTWARD DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDEMBERG-HENZE, MONICA</b>	
STREET ADDRESS	<b>8275 N.W. 7 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-96

Date

305-264-9059

Daytime Phone #

CR2E037 (12/95)