

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90267 012 ****70.00

DOCUMENT # 749963

1. Corporation Name

**IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI, FLORI
DA, INC."**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

11/29/1979

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

9. Name and Address of Current Registered Agent

**GALLARDO, LENIER L
6375 W. FLAGLER ST.
MIAMI FL FL 33144**

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

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 ☒ DELETE
NAME **TD**
STREET ADDRESS **PACHECO, JOSE C**
CITY-ST-ZIP **13554 S W 47TH LANE
MIAMI FL 33146**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **GALLARDO, LENIER L REV D**
CITY-ST-ZIP **6375 W FLAGLER STREET
MIAMI FL 33175**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PALOMINO, RENE**
CITY-ST-ZIP **7160 S.W. 64TH ST.
MIAMI FL 33143**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **MELO, ANGELITA**
CITY-ST-ZIP **1550 WESTWARD DRIVE
MIAMI SPRINGS FL**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **GOLDEMBERG-HENZE, MONICA**
CITY-ST-ZIP **8275 N.W. 7 ST.
MIAMI FL 33126**

TITLE ☐ DELETE
NAME **BM**
STREET ADDRESS **MIRANDA-PINTO, MAGALY**
CITY-ST-ZIP **3830 S W 125TH AVENUE
MIAMI FL 33175**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **CORTADA, JORGE**
1.3 STREET ADDRESS **5300 S.W. 153 Ct.**
1.4 CITY-ST-ZIP **Miami, FL 33165**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **GALLARDO, J. MARK**
5.3 STREET ADDRESS **331 N.W. 154th. Ave.**
5.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **CASAS, YOLANDA**
6.3 STREET ADDRESS **82 S.W. 132nd. Ct.**
6.4 CITY-ST-ZIP **Miami, FL 33184**

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, with all other like empowered.

SIGNATURE:

Renata A. Gallardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0031316