

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 # 765931 (1)

**IGLESIA DE CRISTO AREA DE MINISTERIOS ASOCIADOS
ELIM DE ORLANDO, INC.**



Principal Place of Business: % 4548 SAN SEBASTIAN CR ORLANDO FL 32808
Mailing Address: % 4548 SAN SEBASTIAN CR ORLANDO FL 32808

3. Date Incorporated or Qualified: **12/02/1982**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **05-0147900**
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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
DIAZ, ROBERTO
4548 SAN SEBASTIAN CR.
ORLANDO FL 32808

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEREZ, REV. ROBERTO DIAZ	
STREET ADDRESS	4548 SAN SEBASTIAN CIR.	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIAZ, ROBERT R.	
STREET ADDRESS	3009 KNIGHTBRIDGE RD.	
CITY - ST - ZIP	ORLANDO FL 32818	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERRERA, EDNA N.	
STREET ADDRESS	6567 MERITMOOR CIR.	
CITY - ST - ZIP	ORLANDO FL 32818	
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 12

11 TITLE	treasurer, director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Lidia O. DIAZ	
13 STREET ADDRESS	3009 Knightbridge Rd.	
14 CITY - ST - ZIP	Orlando, FL 32818	
21 TITLE	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Saula DIAZ	
23 STREET ADDRESS	2055 GreyStone Tr.	
24 CITY - ST - ZIP	Orlando, FL 32818	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Roberto Diaz Date: 2/5/96 (407) 295-9529

CR2E037 (12/95)