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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765931 (1)
1. Corporation Name
**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
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3. Date Incorporated or Qualified 12/02/1982	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 05-0147900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating) _____ 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 checked="" 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	DT	<input type="checkbox"/> DELETE
NAME	DIAZ, LIDIA O.	
STREET ADDRESS	3009 KNIGHTS BRIDGDE ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, SAULO	
STREET ADDRESS	2055 GRESTONE TERRACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIAZ SAULO	
1.3 STREET ADDRESS	2055 GRESTONE TERRACE	
1.4 CITY-ST-ZIP	ORLANDO FL 32818	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIAZ ROBERTO R.	
2.3 STREET ADDRESS	3009 KNIGHTS BRIDGE RD.	
2.4 CITY-ST-ZIP	ORL. FL. 32818	
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 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: Roberto Diaz Perez 1/31/97 295-9529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077871

CR2E037 (9/96)