


FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified: 12/02/1982  
4. FEI Number: 05-0147900  
Applied For: Not Applicable

2. Principal Place of Business: 21 5392 Silver Star Rd., Suite #, etc.  
22  
City & State: 23 Orlando, Florida  
24 Zip: 32808, 25 Country: Orange  
26 Mailing Address: 27 Suite #, etc.  
28 City & State  
29 Zip, 30 Country

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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, 85 Zip Code: FL

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: Roberto Diaz Perez Senior Pastor 5/1/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> DELETE
NAME	DIAZ, ROBERTO R	
STREET ADDRESS	3009 KNIGHTSBRIDGE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERRERA, EDNA N.	
STREET ADDRESS	6567 MERITMOOR CIR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, LIDIA O.	
STREET ADDRESS	3009 KNIGHTS BRIDGDE ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input 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	<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	700002551427
6.3 STREET ADDRESS	--06/08/98--01094--004
6.4 CITY-ST-ZIP	***70.00

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.

SIGNATURE: *Saulo Diaz* 5/1/98 (407) 521-8810

CR2E037 (10/97)