

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90017 015 *****8.75
 07-14-1999 90017 016 *****61.25

88351-90017-8

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 768011 ✓
 1. Corporation Name
IGLESIA DE CRISTO EN FLAGLER, INC.

Principal Place of Business Mailing Address
MIAMI, FL 3665 WEST FLAGLER ST. MIAMI, FL 33135

21	2. Principal Place of Business Church - Non-Profit	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified 7-13-98
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	4. FEI Number Applied For
23	City & State	27	City & State	5	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip Country	28	Zip Country	6	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAFAEL SEQUIRA 8087 N.W. 8 STREET #7 MIAMI, FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P.D.	<input type="checkbox"/> DELETE RAFAEL SEQUIRA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8087 N.W. 8 STREET #7	1.2 NAME	
STREET ADDRESS	MIAMI FL 33126	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE T.D.	<input type="checkbox"/> DELETE DAMIAN BETANCOURT.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	685 WEST 80 ST.	2.2 NAME	
STREET ADDRESS	MIAMI FL 33014	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S.O.	<input type="checkbox"/> DELETE ROLANDO A. HERRERA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2511 SW 10 ST MIAMI FL 33126	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  (President)
 Date: **6/20/99** Daytime Phone #: **(305) 541-4421**

CR2E037 (11/98)