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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005689 (5)

1. Corporation Name

MINISTERIO EVANGELISTICO: "JESU CRISTO ES EL SEN
OR" INC.

Principal Place of Business

Mailing Address

14013 TROUVILLE DRIVE
TAMPA FL 3362414013 TROUVILLE DRIVE
TAMPA FL 33624-68613. Date Incorporated or Qualified
12/15/19933a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number
95-4047379Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LA TORRE, OTTO J DR.
14013 TROUVILLE DRIVE
TAMPA FL 33624

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME DE LA TORRE, OTTO J DR.
STREET ADDRESS 14013 TROUVILLE DRIVE
CITY-ST-ZIP TAMPA FL 336241.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME HERNANDEZ, ANGEL M REV.
STREET ADDRESS 6310 SEVILLE AVENUE
CITY-ST-ZIP HUNTINGTON PARK CA 902552.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME DE LA TORRE, JUAN
STREET ADDRESS 3651 BERKSHIRE ROAD
CITY-ST-ZIP PICO RIVERA CA 906603.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GARCIA, HUMBERTO
STREET ADDRESS 7803 BAIRNSDALE STREET
CITY-ST-ZIP DOWNEY CA 902404.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME DE LA TORRE, ROSERIO C
STREET ADDRESS 14013 TROUVILLE DRIVE
CITY-ST-ZIP TAMPA FL 336245.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048780

CR2E037 (9/96)