

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005187 (9)

1. Corporation Name

IGLESIA CRISTIANA MISIONERA SILOE, INC.



Principal Place of Business

99 RAINBOW DR., #5
HAINES CITY FL 33844

Mailing Address

99 RAINBOW DR., #5
HAINES CITY FL 33844

3. Date Incorporated or Qualified
10/05/1994

3a. Date of Last Report
04/21/1995

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

4. FEI Number

59-3280523

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

LOPEZ, FELIX
99 RAINBOW DR., BLDG 5
HAINES CITY FL 33844

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(Initials) Registered Agent signature required when incorporating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
DT	LOPEZ, FELIX	2524 SUNSET DR	KISSIMMEE FL 34741	
DC	LOPEZ, MARIA M	BO RIO LAJAS RR #BUZON 5872 CARR 820 K O H	BO RIO ALTA PUERTO RICO 00953	
P	CRUZ LOPEZ, MARIA M	CARR 820 K.O. HM1 RR #2 POB 5872 BO RIO LA	TOA ALTA PUERTO RICO 00953	
S	SIERRA, LUZ M	CARR 820 K.O. HM1 RR #2 POB 5872 BO RIO LA	TOA ALTA PUERTO RICO 00953	
D	VELEZ, HECTRO M	CARR 820 K.O. HM1 RR #2 POB 5872 BO RIO LA	TOA ALTA PUERTO RICO 00953	
TR	LOPEZ GREGORIA	99 RAINBOW DR BLDG 5	HAINES FL 33844	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	☐ Change	☐ Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	☐ Change	☐ Addition
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	☐ Change	☐ Addition
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	☐ Change	☐ Addition
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	☐ Change	☐ Addition
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	☐ Change	☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Felix Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

941-422-0532

CR2E034 (12/95)