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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33844-5409



3. Date Incorporated or Qualified
10/05/1994

3a. Date of Last Report
04/25/1996

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

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4

Country

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DT	LOPEZ, FELIX	99 Rainbow Dr. Bldg 5	Haines City FL 33844	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0394064

CR2E034 (9/96)