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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1994

4. FEI Number

59-3280523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

LOPEZ, FELIX
99 RAINBOW DR., BLDG 5
HAINES CITY FL 33844
Miguel ULLOA
1003 EAST 19 Ave.
Tampa, FL 33605-2552

10. Name and Address of New Registered Agent

81 Name

Miguel ULLOA

82 Street Address (P.O. Box Number is Not Acceptable)

1003 EAST 19 Avenue

83

84 City

TAMPA

FL

85 Zip Code

33605-2552

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 name of officer, director, registered agent, and stockholder applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DT~~ ☒ DELETE
NAME LOPEZ, FELIX
STREET ADDRESS 99 RAINBOW DR BLDG 5
CITY-ST-ZIP HAINES CITY FL

TITLE DC ☐ DELETE
NAME LOPEZ, MARIA M
STREET ADDRESS BO RIO LAJAS RR #BUZON 5872 CARR 820 K O H
CITY-ST-ZIP TOA ALTA PUERTO RICO 00953

TITLE P ☐ DELETE
NAME CRUZ LOPEZ, MARIA M
STREET ADDRESS CARR 820 K.O. HM1 RR #2 POB 5872 BO RIO LA
CITY-ST-ZIP TOA ALTA PUERTO RICO 00953

TITLE S ☐ DELETE
NAME SIERRA, LUZ M
STREET ADDRESS CARR 820 K.O. HM1 RR #2 POB 5872 BO RIO LA
CITY-ST-ZIP TOA ALTA PUERTO RICO 00953

TITLE D ☐ DELETE
NAME VELEZ, HECTRO M
STREET ADDRESS CARR 820 K.O. HM1 RR #2 POB 5872 BO RIO LA
CITY-ST-ZIP TOA ALTA PUERTO RICO 00953

TITLE TR ☒ DELETE
NAME LOPEZ GREGORIA
STREET ADDRESS 99 RAINBOW DR BLDG 5
CITY-ST-ZIP HAINES FL 33844

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
3T Miguel ULLOA
1003 EAST 19 Avenue
Tampa, Florida 33605-2552

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

CR2E034 (10/97)