

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005747 (0)

1. Corporation Name

~~COUNCIL OF CHRIST'S MISSIONARY CHURCHES, INTERNA~~
~~TIONAL MOVEMENT, INC.~~ Concilio De Iglesias de
Cristo Misionera, M.I., Inc.

Principal Place of Business

Mailing Address

P.O. BOX 1809
RIO GRANDE
PUERTO RICO 00745

P.O. BOX 1809
RIO GRANDE
PUERTO RICO 00745

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/07/1994

4. FEI Number

Applied For

66-0437370

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. 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

CARABALLO, WIFREDO
1013 DAKOTA AVENUE
ST. CLOUD FL 34769

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

Rev. Wifredo Caraballo

March 3, 1995

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 D
NAME BURGOS-SANCHEZ, VIDAL REV.
STREET ADDRESS 20th Street #590 Urb. Verde Max
CITY-ST-ZIP PUNTA SANTIAGO, PR 00795

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700001464677
-04/26/95--01015--014
*****70.00 *****70.00

TITLE V
NAME VAZQUEZ-MARRERO, ALFONSO REV.
STREET ADDRESS 5TH STREET, C-1, 5TH EXTENSION
CITY-ST-ZIP MONTE BRISAS, FAJARDO, PR 00738

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

TITLE S D
NAME RODRIGUEZ-ORTIZ, LUCIANO REV. (N/A)
STREET ADDRESS PO BOX 30950
CITY-ST-ZIP RIO PIEDRAS PR 00929-1950

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

TITLE T D
NAME MELENDEZ, LUIS A REV. (N/A)
STREET ADDRESS R BOX 230C
CITY-ST-ZIP NAQUABO PR 00718

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an appointment with an address.

SIGNATURE:

Rev. Vidal Burgos Sanchez

February 20/95

852-3960

Rev. VIDAL Burgos Sanchez - President

(Type in Figure 8)