

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000005747 (0)

1. Corporation Name

CONCILIO DE IGLESIA DE CRISTO MISIONERA, M.I., I  
NC.

Principal Place of Business

P.O. BOX 1809  
RIO GRANDE  
PUERTO RICO 00745

Mailing Address

P.O. BOX 1809  
RIO GRANDE  
PUERTO RICO 00745



3. Date Incorporated or Qualified  
11/07/1994

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
66-0437370

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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  
1019 DAKOTA AVENUE  
ST. CLOUD FL 34769

CARABALLO WILFREDO  
207 ALABAMA AVE  
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 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: *Rev. Wilfredo Caraballo*

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

*January 11, 1996*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BURGOS-SANCHEZ, VIDAL REV.  
STREET ADDRESS #590, CALLE 20, URB. VERDE MAR  
CITY-ST-ZIP PUNTA SANTIAGO, PR 00795

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

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

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME RODRIGUEZ-ORTIZ, LUCIANO REV.  
STREET ADDRESS PO BOX 30950 N/A  
CITY-ST-ZIP RIO PIEDRAS PR 00929-1950

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME MELENDEZ, LUIS A REV  
STREET ADDRESS R BOX 230C N/A  
CITY-ST-ZIP NAQUABO PR 00718

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Vidal Burgos-Sanchez - President* *January 18/1996* 809-852-3960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)