1-30-97 B 1079 FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

21

22

Suite, Apt. #, etc.

appears in Block 12 or Block 13 it c



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400005747 (0)

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

NC.		
Principal Place of Business	Mailing Address	
P.O. BOX 1809 RIO GRANDE PUERTO RICO 0074S	P.O. BOX 1809 RIO GRANDE PUERTO RICO 00745	
2. Principal Place of Business	2a. Mailing Address	

Suite, Apt. #, etc.

FILED Jan 30 1997 8:00am Secretary of State

3a. Date of Last Report 02/15/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 11/07/1994

66-0437370

5. Certificate of Status Desired

4. FEI Number

City & State	9			City & State				6. Election Campaign Financing	\$5.00	May Be	
23			28	28				Trust Fund Contribution Added to Fees			
Zip		Country		Zip	Count	lry		8. This corporation has liability for intangible tax under s. 199.032,			
24		25	29		30			Florida Statutes			
 	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					6	Ni Ni	ame				
	llo, Wilf				8	2 St	reet Add	dress (P.O. Box Number is Not Acceptable)			
207 ALABAMA AVENUE					L	\perp					
ST. CLOUD FL 34769				8	13				į.		
					l a	4 Ci	tu		85 Zip C	Code	
					_ _			FL.	100	,,,,,	
								poration submits this statement for the purpose of			
agent. Fai	m f ə miliar wi	th, and accept	the obligations of,	Section 617.0503, Flor	rida Statut	ies.	Corpora	ation's board of directors. I hereby accept the appoint	anument as	registered	
agent. Fam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE—Rev. Welledo Carabelles											
	Signature typed		gistered agent and title it	applicable (NOTE	Registered A	\gent sig	nature requi	uired when reinstating) DAT			
12.		OFFI	CERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD			DELETE	1.1 TITLE	ŀ			L Change	☐ Addition 3	
NAME		S-SANCHEZ,			1.2 NAM	iF					
STREET ADDRESS			B. VERDE MAR		1.3 STRE	ET ADD	IESS				
CITY-ST-ZIP		<u>Santiago, f</u>	PR 00795		1.4 CITY	- ST - ZIF	1				
TITLE	VD			DELETE	2.1 TITLE	ŧ	,		Change	Addition C	
NAME			, alfonso rev		2.2 NAM	E					
STREET ADDRESS			H EXTENSION		2.3 STRE	ET ADDI	tess				
CITY-ST-ZIP		BRISAS, FA.	ARDO, PR 0073		2. 4 CITY	r - ST - Z(م				
TITLE	SD			☐ DELETE	3.1 TITLE	E			☐ Change	☐ Addition	
NAME			LUCIANO REV.		3.2 NAM	ΙE					
STREET ADDRESS		(30950 N/A			3 9 STRE	ET ADD	RESS				
CITY-ST-ZIP	RIO PIE	DRAS PR 00	929-1950		3.4. CITY	/-ST-71	s				
TITLE	TD			☐ DELETE	4.1 TITLE	Ē			☐ Change	☐ Addition	
NAME		DEZ, LUIS A I	REV		4. 2 NAM	ΛE]	
STREET ADDRESS		230C N/A			4.3 STRE	ET ADDI	₹ESS			J	
CITY-ST-ZIP	NAQUA	BO PR 00718	<u> </u>		4.4 CITY	- ST - ZIP					
TITLE	_			☐ DELETE	5.1 TITLE	Ē			☐ Change	☐ Addition	
NAME					52 NAM	IE					
STREET ADDRESS					5.9 STRE	ET ADDI	₹ESS			J	
CITY-ST-ZIP					5.4 CITY	- \$1 - ZIP	.				
TITLE				DELETE	6.1 TITLE	E			Change	Addition	
NAME					6.2 NAM	iΕ				Ì	
STREET ADDRESS					6.3 STRE	ET ADD	(ESS			ł	
CITY-\$T-ZIP					6.4 CITY	- ST - ZIP				ļ	
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											