## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N 04275

1. Corporation Name

IGLESIA METODISTA PENTECOSTAL DE CHILE EN LOS ESTADOS UNIDOS DE AMERICA, INC.

Mailing Address

10500 S.W. 108th Ave B-207

8716 S.W. 103rd Ave Miami, FL 33173

Principal Place of Business

Miami, FL 33176

FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90005 036 \*\*\*\*61.25

	·										
	Principal Place of Business	2a	Mailing Address			3	<b>3</b> . D	ate Incorporated or Qualifed			
21	8716 S.W. 103rd Ave	26					. 7	/18/84			
Г	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4	<b>4</b> . F	El Number		Applied For	
22		27					5	9-2530722		Not Applicable	
23	City & State Miami, FL	28	City & State				5. Certificate of Status Desired XI \$8.75 Addition  Fee Required				
	Zip Country		Zip Cou			6. Election Campaign Financing		<b>\$</b> 5.	\$5.00 May Be		
24	33173   25 USA	29	30				Trust Fund Contribution		Add	ded to Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
	ZUNIGA, RODRIGO 8716 S.W. 103rd Ave				31	Name	·				
					32	Street Address (	reet Address (P.O. Box Number is Not Acceptable)				
	Miami, FL 33173			Ī	33						
				1	34	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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Change Addition DELETE 1.1 TITLE TITLE NAME JAVIER VASQUEZ VALENCIA (REV) 12 NAME STREET ADDRESS Bernal Del Mercado 139 Estacion Centra street ADDRESS Santiago, Chile SA 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE ZUNIGA, RODRIGO (REV) 22 NAME NAME 8716 S.W. 103rd Ave 2.3 STREET ADDRESS STREET ADDRE Miami, FL 33173 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE 3.2 NAME NAME MEDINA, RAUL V. (REV) 3.3 STREET ADDRESS STREET ADDRESS A Riveros 222 L20 Arenas 3 4. CITY-ST-ZIP CITY-ST-ZIP Casilla 966, Concepcion, Chile ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE ZUNIGA, ERASMO (HMO) 4.2 NAME NAME STREET ADDRESS 8716 S.W. 103rd Ave 4.3 STREET ADDRESS Miami, FL 33173 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE GUTIERREZ, MANUEL (HMO) 8716 S.W. 103rd Ave 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS Miami, FL 33173 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 6.1 TITLE X DELETE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactyment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 1

ARENCIBIA, LEONARDO (HMO)

33173

8716 S.W. 103rd Ave

Miami, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Rodrigo Zuniga

(305)27<u>3-8</u>706

(11/98)CR2E037