

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14273** (9)

1. Corporation Name

IGLESIA PENTECOSTAL LA SENDA ANTIGUA CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4341 NORTHWEST 167TH ST. CAROL CITY FL 33055-4310	Mailing Address 4341 NORTHWEST 167TH ST. CAROL CITY FL 33055-4310
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3. Date Incorporated or Qualified 04/09/1986	3a. Date of Last Report 03/03/1994
4. FEI Number 59-2668606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**CARRASQUILLO, ANGEL LUIS
195 N.W. 72ND ST.
MIAMI FL 33150**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARRASQUILLO, ANGEL LUIS
STREET ADDRESS	195 N.W. 72 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	TAMARIT, DAVID
STREET ADDRESS	8515 S.W. 47 STREET
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	NAVARRO, YADIRA
STREET ADDRESS	7192 W. 29 AVENUE
CITY - ST - ZIP	HALEAH FL
TITLE	D
NAME	LOPEZ, JUAN
STREET ADDRESS	8401 N.W. 14TH AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DE
NAME	MEDERO, JESUS
STREET ADDRESS	16821 N.W. 44TH AVE.
CITY - ST - ZIP	CAROL CITY FL
TITLE	VP
NAME	RIVERA, VICTOR
STREET ADDRESS	1310 N. W. 132 TERRACE
CITY - ST - ZIP	NORTH MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Angel L. Carrasquillo Date: Feb. 14, 1995 (305) 758-7700

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Telephone #