

**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 # **N14273 (9)**  
1. Corporation Name  
**IGLESIA PENTECOSTAL LA SENDA ANTIGUA CORP.**



Principal Place of Business: **4341 NORTHWEST 167TH ST. CAROL CITY FL 33065-4310**  
Mailing Address: **4341 NORTHWEST 167TH ST. CAROL CITY FL 33065-4310**

3. Date Incorporated or Qualified: **04/09/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2668606**  
Applied For:  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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CARRASQUILLO, ANGEL LUIS</b>	
STREET ADDRESS	<b>195 N.W. 72 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TAMARIT, DAVID</b>	
STREET ADDRESS	<b>8515 S.W. 47 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>NAVARRO, YADIRA</b>	
STREET ADDRESS	<b>7192 W. 29 AVENUE</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<del>LOPEZ, JUAN</del>	
STREET ADDRESS	<del>3407 N.W. 117th AVE</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>DE</b>	<input type="checkbox"/> DELETE
NAME	<del>MEDERO, JESUS</del>	
STREET ADDRESS	<del>1000 N.W. 117th AVE</del>	
CITY-ST-ZIP	<del>CAROL CITY FL</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<del>RODRIGUEZ, ANTONIA</del>	
STREET ADDRESS	<del>1318 N.W. 132nd TERRACE</del>	
CITY-ST-ZIP	<del>NORTH MIAMI FL</del>	

**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	<b>600001847396</b>
3.3 STREET ADDRESS	<b>-06/03/96--01024--005</b>
3.4 CITY-ST-ZIP	<b>***66.25</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LAURA TAMARIT</b>
4.3 STREET ADDRESS	<b>8515 S.W. 47st.</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FL.</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>LEONEL ROQUE</b>
5.3 STREET ADDRESS	<b>3520 N.W. 95st.</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL.</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ANTONIA E., VEGA</b>
6.3 STREET ADDRESS	<b>440 E.23st. APT.14</b>
6.4 CITY-ST-ZIP	<b>HIALEAH FL.</b>

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. Angel L. Carrasquillo Sr.* 4/15/96 758-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)