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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15550

1. Corporation Name

IGLESIA EVANGELICA DIA DE PENTECOSTES, INC.

Principal Place of Business

3535 WEST 8TH AVE
HIALEAH FL 33012

Mailing Address

3535 WEST 8TH AVE
HIALEAH FL 33012

592289-90031-85



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/23/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2693147

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTRO, HECTOR M.
3535 W. 8TH AVE.
HIALEAH FL 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CASTRO, HECTOR M.
STREET ADDRESS 3535 WEST 8TH AVE
CITY-ST-ZIP HIALEAH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME CASTRO, CIRA A.
STREET ADDRESS 3535 WEST 8TH AVE.
CITY-ST-ZIP HIALEAH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME ZAMORA, HUMBERTO
STREET ADDRESS 6070 W 18 AVE APT 310
CITY-ST-ZIP HIALEAH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME MARIA DE J. FELICIANO
STREET ADDRESS 3535 W. 8TH AVE
CITY-ST-ZIP HIALEAH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

HECTOR CASTRO

Date

Daytime Phone #

CR2E037 (11/98)

0022965