

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17060 (7)
1. Corporation Name
MOVIMIENTO PENTECOSTAL INTERNACIONAL EL REY VIENTE, INC.

Principal Place of Business

1506 W. MICHIGAN STREET
ORLANDO FL 32805-6124

Mailing Address

1506 W. MICHIGAN STREET
ORLANDO FL 32805-6124



3. Date Incorporated or Qualified
09/30/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2882845

☒ 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

9. Name and Address of Current Registered Agent

AUFFANT, JAMES R.
2514 EAST JACKSON STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name **MANUEL OJEDA**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2324 MACE ST.**

84 City **ORLANDO**

FL 85 Zip Code **32839**

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 **MANUEL OJEDA - President**

(NOTE: Registered Agent signature required when reinstating)

Manuel Ojeda

7/23/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PO OJEDA, MANUEL**
STREET ADDRESS **1506 W. MICHIGAN ST.**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **VPD OJEDA, JULIA**
STREET ADDRESS **2324 MACE ST**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **SD FIGUEROA, RICARDO**
STREET ADDRESS **4838 ROBBINS AVE**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☒ Change ☐ Addition
1.2 NAME **WILLIAM TORRES**
1.3 STREET ADDRESS **7034 IRONWOOD DR.**
1.4 CITY - ST - ZIP **ORLANDO, FL. 32818**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **JUDITH TORRES**
2.3 STREET ADDRESS **7034 IRONWOOD DR.**
2.4 CITY - ST - ZIP **ORLANDO FL. 32818**

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

4.1 TITLE **800001911588** ☐ Change ☐ Addition
4.2 NAME **-08/02/96--01044--009**
4.3 STREET ADDRESS *****61.25**
4.4 CITY - ST - ZIP

5.1 TITLE **900001911589** ☐ Change ☐ Addition
5.2 NAME **-08/02/96--01044--010**
5.3 STREET ADDRESS *****8.75**
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Ojeda **MANUEL OJEDA 7/23/96**

Date

Daytime Phone #

407.649-8592

CR2E037 (3/96)

FILE NOW: FILING FEE IS \$61.25

2-2

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Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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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 ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME OJEDA, MANUEL
STREET ADDRESS 1506 W. MICHIGAN ST.
CITY-ST-ZIP ORLANDO FL

SD MARIA GARCIA
4953 OLD JACKSON ST.
ORLANDO FL 32808

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME OJEDA, JULIA
STREET ADDRESS 2324 MACE ST
CITY-ST-ZIP ORLANDO FL

VPD JUDY TORRES
7034 IRONWOOD DR
ORLANDO FL 32868

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME FIGUEROA, RICARDO
STREET ADDRESS 4838 ROBBINS AVE
CITY-ST-ZIP ORLANDO FL

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

Daytime Phone #

CR2E037 (12/95)