FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

N17060

(7)

MOVIMIENTO PENTECOSTAL INTERNACIONAL EL REY VIEN

Principal Place of Business Mailing Address			 				
1506 W. MICHIGAN STREET ORLANDO FL 32805-6124		1506 W. MICHIGAN STREET ORLANDO FL 32805-6124		3. Date incorporated or 09/30/1986 4. FEI Number 50 - APPLIED FOR	3882845		oplied For
2. Principal Piace of Business 21 1504 W MicHigan St. 26 JS04 W.MicHigan St.			1-00 04	5. Certificate of Status D		\$8.75 A	
21 1506 W MicHigan St. 26 506 W.Mich Sulte, Apt. #, etc. Sulte, Apt. #, etc.			gw 1	6. Election Campaign Fir	 ancing	\$5.00 ١	
22		27		Trust Fund Contributio	n 🗆	Added to	
City & State				7. Is this nonprofit corporation a homeowners association?			1?
Žip	Country	Zip	Country	8. This corporation owes			angible
24 328		29 32805 30	oronge	Personal Property Tax	due June 30.	Yes 🗸	Z No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
OJEDA, I 2324 MA ORLAND				MANUEL (1) 5 C Address (P.O. Box Number is Not 175 S. TEXAS Plando	Acceptable) Aut. #10 FL	3. 13 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	L8 3 9 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/jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Market Oyld Manuel Ogeda Signature typed or printer fame of legistered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) NATE NATE							
12.	OFFICERS AND		13.	ADD TYONS/CHANGES	TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	Ď	☐ DELETE	1.1 TIPLE	D		Change	Addition
NAME	OJEDA, MANUEL	ţ	1.2 NAME 1.3 Street Address	MANUEL C 4575 S.TEXI) JEAA.		1 10
STREET ADDRESS CITY-ST-ZIP	23 24 Mace St. O rlando Fl	,	1.4 CITY-ST-ZIP	4575 S.TEX	AS AVE. #	102B	AHOPOOLA
TITLE	n one of the	M DELETE	2.1 TITLE	466	7,102	Change	Addition
NAME	ŌJEDA, JULIA	•	2.2 NAME	Julia OTA	NA		
STREET ADDRESS	45 75 TEXAS AVE.		2.3 STREET ADDRESS	USTE G TP	XAS AUG A	FIDE	
CITY-ST-ZIP	<u>ØRLANDO FL</u>		2. 4 CITY - ST - ZIP	OFLA	XAS AUG A	200	739
TITLE	9	DELETE	3.1 TITLE	Danner	igueroa	フ Change	☐ Addition
NAME	TORRES, JUDITH		3.2 NAME 3.3 STREET ADDRESS	• •			
STREET ADDRESS CITY-ST-ZIP	7034 IRONWOOD DRIVE Orlando Fl		3.4 City+ST-ZIP	4838 ROBBINS	Ave, orla	odo FL	32808
TITLE	QNEXITO I E	☐ DELETE	4.1 TITLE	1000		☐ Change	Addition
NAME	•		4. 2 NAME				
STREET ADDRESS	* *		4.3 STREET ADDRESS				
CITY-ST-ZIP	· .		4.4 CITY-ST-ZIP				
TITLE	÷	☐ DELETE	5.1 TITLE		ļ	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
NAME			6.2 NAME		'		
STREET ADDRESS			6.3 STREET ADDRESS				
							į

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.

CIONIATURE

Manuel Diada)

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FILED

Jul 16 1998 8:00am

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Secretary of State