

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17138 (1)

1. Corporation Name

IGLESIA CRISTIANA REFORMADA EL REDENTOR CORP.

Principal Place of Business

**1234 WEST 31ST STREET
HALEAH FL 33012**

Mailing Address

**1234 WEST 31ST STREET
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1986

3a. Date of Last Report

03/30/1994

4. FEI Number

04-1810023

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SANCHEZ, JOSE MARCELO
1234 WEST 31ST STREET
HALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name

SANCHEZ JUAN P.

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

1234 W. 31st street

83.

84. City

Hialeah

FL

85. Zip Code

33012

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

Juan P. Sanchez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/95

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

SANCHEZ, JOSE MARCELO

STREET ADDRESS

3060 W. 12 AVE.

CITY - ST - ZIP

HALEAH FL

TITLE

D

NAME

ORBE, MARIA ELENA

STREET ADDRESS

1850 WEST 44 PLACE #235

CITY - ST - ZIP

HALEAH FL

TITLE

D

NAME

SANCHEZ, JUAN PABLO

STREET ADDRESS

631 EAST 32ND STREET

CITY - ST - ZIP

HALEAH FL

TITLE

D

NAME

WENCHACA, SARAH L.

STREET ADDRESS

2833 S.W. 27 ST.

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

GARCIA, HECTOR

STREET ADDRESS

681 E. 53 ST.

CITY - ST - ZIP

HALEAH FL

TITLE

D

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P SANCHEZ JUAN P.

☒ Change ☐ Addition

1.2 NAME

1264 W. 40 ST.

1.3 STREET ADDRESS

Hialeah FL 33012

1.4 CITY - ST - ZIP

2.1 TITLE

D MARIO VALLADARES

☒ Change ☐ Addition

2.2 NAME

9149 N.W. 159 LN

2.3 STREET ADDRESS

Miami FL 33016

2.4 CITY - ST - ZIP

3.1 TITLE

SANCHEZ ALICIA

☐ Change ☒ Addition

3.2 NAME

1264 W. 40 ST

3.3 STREET ADDRESS

Hialeah FL 33012

3.4 CITY - ST - ZIP

4.1 TITLE

D

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

D

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

D

☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Juan P. Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

DATE

(305) 558-0711

DAYTIME PHONE #