

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  
Linda B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N17138** (1)

1. Corporation Name

**IGLESIA CRISTIANA REFORMADA EL REDENTOR CORP.**

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified  
**10/07/1986**

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

2. Principal Place of Business

**21 SAME**

2a. Mailing Address

**26 SAME**

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**

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



Yes



No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

**SANCHEZ, JUAN P  
1234 WEST 31ST STREET  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

**81 Name Elias D. BURGOS**

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

**7935 W. 30th. Apt. 201**

**83**

**84**

**City Hialeah,**

**FL**

**85 Zip Code 33016**

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]*  
Signature, typed, printed name of registered agent and title if applicable

**ELIAS D. BURGOS**

(NOTE: Registered Agent signature required when reinstating)

**6.23.96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANCHEZ, JUAN P</b>
STREET ADDRESS	<b>1264 W. 40 STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D VALLADARES, MARIO</b>
STREET ADDRESS	<b>9149 N.W. 159 LANE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SANCHEZ, ALICIA</b>
STREET ADDRESS	<b>1264 W. 40 STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D MENCHACA, SARAH L.</b>
STREET ADDRESS	<b>2933 S.W. 27 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D GARCIA, HECTOR</b>
STREET ADDRESS	<b>681 E. 53 ST.</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PASTOR "T"</b>
1.3 STREET ADDRESS	<b>Elias D. BURGOS</b>
1.4 CITY-ST-ZIP	<b>7935 W 30th. Apt. 201</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Elder "T"</b>
2.3 STREET ADDRESS	<b>Juan P. Sanchez</b>
2.4 CITY-ST-ZIP	<b>1264 W 40 STREET</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Elder "T"</b>
3.3 STREET ADDRESS	<b>MARIO J. CASTILLO</b>
3.4 CITY-ST-ZIP	<b>512 EAST. 33RD STREET</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ELDER "T"</b>
4.3 STREET ADDRESS	<b>MARIO VALLADARES</b>
4.4 CITY-ST-ZIP	<b>9149 N.W. 159 LANE</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ELDER "T"</b>
5.3 STREET ADDRESS	<b>JOSE TELER</b>
5.4 CITY-ST-ZIP	<b>20820 N.W. 38th Pl.</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200001924992</b>
6.3 STREET ADDRESS	<b>-08/19/96--01005--041</b>
6.4 CITY-ST-ZIP	<b>***70.00</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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6.23.96**

Date

Daytime Phone #

CR2E037 (3/96)