## 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 # N18105

(9)

IGLESIA PENTECOSTAL CORONA DE VIDA ALPHA & OMEGA

## **FILED** Feb 05 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						i realites der steet teiet reet anses anti erett gent.	)	181) 81911 1831	
% REV HECTO	R RIVERA	% REV HECTOR RIVERA	4441 TIFFIN AVENUE			3. Date incorporated or Qualified			
4441 TIFFIN A	/ENUE					12/05/1986			
springhill fi Us	. 34809	SPRINGHILL FL 34609 US				4. FEI Number	A	oplied For	
00		00				59-3005153	N/	ot Applicable	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address 26			Certificate of Status Desired     \$8.75 Additional     Fee Regulated			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be			
22		27	27			Trust Fund Contribution Added to Fees			
City & Stat	9	City & State	City & State			7. Is this nonprofit corporation a homeowners association?			
23		28	<del></del>			☐ Yes ☑ No			
Žip	Country	Zip	<del> </del>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No			
24	25]	29 Of Current Registered Agent	red Apent			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	S. Hame and Mores o	DI COITOIR Negistered Agent		81	Name	ID. Halling this Addition of their fregionists of			
DAKEDA	HECTOR				<u> </u>				
	FFIN AVE		82 Street Add			ddress (P.O. Box Number is Not Acceptable)			
	HILL FL 34809			83	<del></del>				
				84	City	FL	<b>85</b> Zip	Code	
\$3. Durament to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above period concerning 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 Slonature, typed or printed name of requisiered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS				, rigin	ik algilalora il	ADDITIONS/CHANGES TO OFFICERS AND D	RECTOF	RS IN 12	
TITLE	PD	☐ DELETE	1.1 T)	TLE			Change	Addition	
NAME	RIVERA, HECTOR		1.2 N/	AME					
STREET ADDRESS	4441 TIFFIN AVENUE		1.3 \$1	REET	ADDRESS			ŀ	
CITY-ST-ZIP	Springhill Fl		1.4 C						
TITLE	<b>\$</b> V	DELETE.	2.1 Ti	TLE			Change	Addition	
NAME	EXPONER SAMMEN			WE	SV ARNALDO RIVERA				
STREET ADDRESS				REET	ADDRESS	7267 Appache Trail			
CATY-ST-ZIP					ST-ZIP		10:	1.100	
TITLE	PO	, <del>-</del>				spring, mil ri 34000	Change	Addition	
NAME	RODRIGUEZ, PABLO		3.2 N/						
STREET ADDRESS	10248 NODDY TEN R	en e			ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL	DELETE	3.4. C 4.1 Ti		ST-ZIP		Change	Addition	
TITLE	D DRICOA AANIA	L. DCCEIE				_	" Aveniño		
NAME OTRECT ADDRESS	RIVERA, ANNA 7289 APACHE TRAIL		4. 2 N		ADDRESS				
STREET ADDRESS	SPRING HILL FL		4.3 ST						
CITY-ST-ZIP TITLE	ST ST	DELETE	5.1 (1)		1 · £IF		Change	Addition	
NAME	ACEVEDO, ENEIDA		5.2 N/						
STREET ADDRESS	ALL BATTLANE.				ADDRESS	10322 Bannofk St			
CITY-ST-ZIP	TANK CITY EI		5.4 CI			Spring Hill Fl 34608			
TITLE		DELETE	6.1 TI			Land Land Land Land Land Land Land Land	Change	☐ Addition	
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 ST	REET	ADDRESS			}	
CITY-ST-ZIP			6.4 CI	TY-S	T-ZIP				
	artific that the information ou	innlied with this filing does not qualify	for the eve	mn	tion states	Lin Section 119.07(3)(i). Florida Statutes. Lifurther certi	ly that the	information	

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(1). 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.