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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N18105 (9)

1. Corporation Name

IGLESIA PENTECOSTAL CORONA DE VIDA ALPHA & OMEGA
, INC.

Principal Place of Business

Mailing Address

% REV HECTOR RIVERA
4441 TIFFIN AVENUE
SPRINGHILL FL 34809
US

% REV HECTOR RIVERA
4441 TIFFIN AVENUE
SPRINGHILL FL 34809
US

3. Date Incorporated or Qualified

12/05/1986

4. FEI Number

59-3005153

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERA, HECTOR
4441 TIFFIN AVE
SPRINGHILL FL 34809

81 Name

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

83

84 City

FL

85 Zip 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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 PD
NAME RIVERA, HECTOR
STREET ADDRESS 4441 TIFFIN AVENUE
CITY-ST-ZIP SPRINGHILL FL

DELETE

TITLE SV
NAME ~~XXXXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXXXX~~

DELETE

TITLE PD
NAME RODRIGUEZ, PABLO
STREET ADDRESS 10248 NODDY TEN RD
CITY-ST-ZIP BROOKSVILLE FL

DELETE

TITLE D
NAME RIVERA, ANNA
STREET ADDRESS 7269 APACHE TRAIL
CITY-ST-ZIP SPRING HILL FL

DELETE

TITLE ST
NAME ACEVEDO, ENEIDA
STREET ADDRESS ~~XXXXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXXXX~~

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

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

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

Rev. Hector Rivera

1/22/98

CP2E037 (1097)