## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1997**DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS N2027

(5)

## FILED Apr 14 1997 8:00am Secretary of State

Change

Addition

I. Corporation Name  IGLESIA CRISTIANA EL REBANO, INC.  Principal Place of Business Mailing Address  5931 E. COLONIAL DR.  ORLANDO FL 32907  ORLANDO FL 32907-3452					
	•••			3. Date Incorporated or Qualified 04/21/1987	3a. Date of Last Report 04/25/1996
2. Principal Place of Business 2a. M		2a. Mailing Address		4. FEI Number 59-2821022	Applied For Not Applicable
Sulte, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stato		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30		Yes 💹 No
	9. Name and Address of Currer	nt Registered Agent		<ol><li>Name and Address of New Reg</li></ol>	gistered Agent
WINTER	Mennans		naora bes	corporation submits this statement for the proporation's board of directors. I hereby accept the proporation's posterior of the proporation of the proporat	FL 85 Zip Code urpose of changing its registered the appointment as registered
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	equired when reinstaling)  ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	Applitorial and the state of th	Change Addition
NAME	HERNANDEZ, RAMON	{	1,2 NAME		
STREET ADDRESS	1125 SANTA CRUZ WAY	,	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP		
TALE	D	DELETE	2.1 TITLE		Change Addition
NAME	HERNANDEZ, CARMEN		2.2 NAME		
STREET ADDRESS	1125 SANTA CRUZ WAY		23 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 City-S1-ZiP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	VASQUEZ, MARGARITA	_	3.2 NAME		<u> </u>
STREET ADDRESS	5924 CHIPOLA CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-2IP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	VASQUEZ, EDWIN	<del></del>	4. 2 NAME		_ • -
STREET ADDRESS	5924 CHIPOLA CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	VIIII HIDO I L	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
*** #***	i e e e e e e e e e e e e e e e e e e e		D.E. 111 MAIL.		

CITY-ST-ZIP

14. I do 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 ennual report for supplemental annual report is true and accurate and that my signature shall have the same fegal 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 attagriment with an appears.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

appears in Block 12 or Bock 13 yelpangod, or on an anapomorit with an apporess.

DELETE