**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 JUL -3 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24664** **(7)**

1. Corporation Name

**IGLESIA MISIONERA PREGONEROS DE JUSTICIA DE FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1350 E. 4TH AVE.<br>HIALEAH FL 33010<br>US | 5080 EAST 9 LANE<br>HIALEAH FL 33013 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1988
3a. Date of Last Report: 01/31/1994
4. FEI Number: NOT APPLICABLE — ☐ 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 ☐ — FILING FEE IS $61.25
8. This corporation has solicited for charitable purposes under s. 496.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 860 S.E. 12 ST. | 26 860 S.E. 12 ST. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 HIALEAH, FL. | City & State 28 HIALEAH, FL. |
| Zip 24 33010 County 25 DADE | Zip 29 33010 County 30 DADE |

9. Name and Address of Current Registered Agent

MEDINA, REINALDO W.
5080 E. 9 LANE
HIALEAH FL 33013

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — FL — 35 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: Reinaldo Medina (President/Director) DATE: 6/28/95
(Signature of new registered agent, if being changed) (Name of new registered agent, if being changed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC. | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | MEDINA, REINALDO W. | 12 NAME | | |
| STREET ADDRESS | 5080 E. 9 LANE | 13 STREET ADDRESS | | |
| CITY ST ZIP | HIALEAH FL | 14 CITY ST ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | MEDINA, MERCEDES | 22 NAME | | |
| STREET ADDRESS | 5080 E. 9 LANE | 23 STREET ADDRESS | | |
| CITY ST ZIP | HIALEAH FL | 24 CITY ST ZIP | | |
| TITLE | D | 31 TITLE | D | ☒ Change ☐ Addition |
| NAME | ALARCON, JORGE | 32 NAME | ALARCON, JORGE | |
| STREET ADDRESS | 8740 SHERMAN CIRC.N.#501 | 33 STREET ADDRESS | 30 WEST 53 TRR. | |
| CITY ST ZIP | MIRAMAR FL | 34 CITY ST ZIP | HIALEAH, FL. 33012 | |
| TITLE | D | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | ALARCON, MARLENE | 42 NAME | ALARCON, MARLENE | |
| STREET ADDRESS | 8740 SHERMAN CIRC.N.#501 | 43 STREET ADDRESS | 30 WEST 53 TRR. | |
| CITY ST ZIP | MIRAMAR FL | 44 CITY ST ZIP | HIALEAH, FL. 33012 | |
| TITLE | D | 51 TITLE | D | ☒ Change ☐ Addition |
| NAME | CASTELLANOS, OFELIA | 52 NAME | CASTELLANOS, OFELIA | |
| STREET ADDRESS | 1330 W. 29 ST. #45 | 53 STREET ADDRESS | 30 WEST 53 TRR. | |
| CITY ST ZIP | HIALEAH FL | 54 CITY ST ZIP | HIALEAH, FL. 33012 | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | ALARCON, M. DOLORES | 62 NAME | | |
| STREET ADDRESS | 5080 E. 9 LANE | 63 STREET ADDRESS | | |
| CITY ST ZIP | HIALEAH FL | 64 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 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 serve 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 attached report with an address.

SIGNATURE: Reinaldo Medina 6/28/95 (305) 687-2660 (305) 863-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E037 (3/95)

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