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**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90068 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32515**

1. Corporation Name  
**IGLESIA CRISTIANA HISPANA (DISCIPULOS DE CRISTO) DE ORLANDO INC.**

Principal Place of Business 1561 N. CHICKASAW TRAIL ORLANDO FL 32825	Mailing Address P.O. BOX 677969 ORLANDO FL 32867-7969
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/25/1989	4. FEI Number 59-3226425 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

**PIMENTEL, HUBERTO REV.**  
 1021 CUTOFF BRANCH COURT  
 OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, SAMUEL	1.2 NAME Collazo, Manuel
STREET ADDRESS	4624 SUNTREK BLVD.	1.3 STREET ADDRESS 895 N. Jerico Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP Casselberry, Fl. 32707
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LUZ E.	2.2 NAME Gonzalez, Yolanda
STREET ADDRESS	2471 LAKE HELEN OSTEEN	2.3 STREET ADDRESS 199 Rivecon Ave.
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP Orlando, Fl. 32825
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, JUAN	3.2 NAME Morales, Hector
STREET ADDRESS	1102 VISTA PALMA WAY	3.3 STREET ADDRESS 5426, Jc. Margaret St Apt 1128
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP Orlando, Fl. 32812
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, MANUEL	4.2 NAME Carvajal, Minerva
STREET ADDRESS	895 N. JERICO DRIVE	4.3 STREET ADDRESS 11247 Carriage Ct.
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP Orlando, Fl. 32867
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, MISAEL	5.2 NAME Morales, Misset
STREET ADDRESS	3440 N GOLDENROD RD APT 331	5.3 STREET ADDRESS 3440 N. Goldenrod
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP Orlando, Fl. 32801
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVAJAL, MINERVA	6.2 NAME Alvarez, Reynaldo
STREET ADDRESS	11247 CARRIAGE CT	6.3 STREET ADDRESS 626, S. Eola Dr. Apt #2
CITY-ST-ZIP	ORLANDO FL 32837	6.4 CITY-ST-ZIP Orlando, Fl. 32801

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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 4/10/99 658-8506  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0076642

CR25037 (1/99)