

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90020 020 \*\*\*\*70.00

0035697

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N35120**

1. Corporation Name

**PRIMERA IGLESIA CRISTIANA DISCIPULOS DE CRISTO D E MIAMI, CORP.**

Principal Place of Business

11990 SW 56TH STREET  
 MIAMI FL 33183

Mailing Address

P.O. BOX 830786  
 MIAMI FL 33183



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/08/1989

4. FEI Number

05-1326192

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

9. Name and Address of Current Registered Agent

**ESTRADA, HECTOR M**  
 10461 SW 125TH AVE  
 MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name **Rivera, José D. (Rev.)**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**13791 SW 160 ST**  
 83 **Miami**  
 84 City **FL** 85 Zip Code **33177**

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 *Rivera, José D. Rivera - ministers* DATE **1/11/99**

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEL VALLE, ROBERTO</b>	
STREET ADDRESS	<b>11830 SW 100TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANCHEZ, LILIANA</b>	
STREET ADDRESS	<b>14521 SW 168 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARIAS, JORGE</b>	
STREET ADDRESS	<b>2430 SW 127 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, HERBERT</b>	
STREET ADDRESS	<b>10070 SW 156 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CANTILLO, Hugo</b>	
1.3 STREET ADDRESS	<b>13755 S.W 157 ST</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VAZQUEZ, ALMA</b>	
2.3 STREET ADDRESS	<b>11541 SW 83 Terr.</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dulzaides, Zeida</b>	
3.3 STREET ADDRESS	<b>4614 SW 140 CT.</b>	
3.4 CITY-ST-ZIP	<b>MIAMI FL 33175-3630</b>	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Torres, Raymond</b>	
4.3 STREET ADDRESS	<b>12556 SW 118 Terr.</b>	
4.4 CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VAZQUEZ, VICTOR</b>	
5.3 STREET ADDRESS	<b>11541 SW 83 Terr.</b>	
5.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Rivera, José D. Rivera* DATE: **January 11, 1999** DAYTIME PHONE #: **305-195-2728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)