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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N35546 (3)

1. Corporation Name

IGLESIA CRISTIANA EMANUEL OF MONTURA, INC.

Principal Place of Business	Mailing Address
136 AVENIDA DEL CLUB P O BOX 2401 CLEWISTON FL 33440-9401	136 AVENIDA DEL CLUB P O BOX 2401 CLEWISTON FL 33440-9401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1989
3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0166067 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALDERON, MAGDALENA
136 AVENIDA DEL CLUB
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, EVELIO	1.2 NAME	
STREET ADDRESS	STAR ROUTE 166 MONTURA A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CALDERON, MAGDALENA	2.2 NAME	
STREET ADDRESS	S.R. 832	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SANTANA, MIGUEL	3.2 NAME	
STREET ADDRESS	705 PALOMINO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SANTANA, AIDA	4.2 NAME	
STREET ADDRESS	705 PALOMINO	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	QUINTANA, CANDIDO	5.2 NAME	
STREET ADDRESS	BALD CYPRESS (MONTURA)	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, VICENTE	6.2 NAME	
STREET ADDRESS	660 S JINETE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	6.4 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 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. Magdalena Calderon Pastor
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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