

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90141 003 ****61.25

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DOCUMENT # N35546

1. Corporation Name

IGLESIA CRISTIANA EMANUEL OF MONTURA, INC.

Principal Place of Business

**136 AVENIDA DEL CLUB
P O BOX 2401
CLEWISTON FL 33440-9401**

Mailing Address

**136 AVENIDA DEL CLUB
P O BOX 2401
CLEWISTON FL 33440-9401**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/04/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0166067

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTANA, MIGUEL A
484 BALD CYPRESS
CLEWISTON FL 33440**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LOPEZ, EVELIO**
STREET ADDRESS **STAR ROUTE 166 MONTURA A**
CITY-ST-ZIP **CLEWISTON FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **CALDERON, MAGDALENA**
STREET ADDRESS **S.R. 832**
CITY-ST-ZIP **CLEWISTON FL**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D CALDERON, LUIS**
2.3 STREET ADDRESS **SR. 832**
2.4 CITY-ST-ZIP **Clewiston FL 33440**

TITLE **D** ☐ DELETE

NAME **SANTANA, MIGUEL**
STREET ADDRESS **705 PALOMINO**
CITY-ST-ZIP **CLEWISTON FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SANTANA, AIDA**
STREET ADDRESS **705 PALOMINO**
CITY-ST-ZIP **CLEWISTON FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **QUINTANA, CANDIDO**
STREET ADDRESS **BALD CYPRESS (MONTURA)**
CITY-ST-ZIP **HIALEAH FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **LOPEZ, VICENTE**
STREET ADDRESS **660 S JINETE**
CITY-ST-ZIP **CLEWISTON FL**

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

(941) 983-2629

Date

Daytime Phone #

CR2E037 (11/98)