

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90016 046 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N37943

1. Corporation Name

IGLESIA CRISTIANA SEGUNDA EL FARO, INC.

Principal Place of Business

HC 61, BOX 436
CLEWISTON FL 33440

Mailing Address

HC 61, BOX 436
CLEWISTON FL 33440



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/01/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Country	65-0194756
24	25	29
30	31	32
33	34	35
36	37	38
39	40	41
42	43	44
45	46	47
48	49	50
51	52	53
54	55	56
57	58	59
60	61	62
63	64	65
66	67	68
69	70	71
72	73	74
75	76	77
78	79	80
81	82	83
84	85	86
87	88	89
90	91	92
93	94	95
96	97	98
99	100	101

9. Name and Address of Current Registered Agent

IRIZARRY, LUCILLE
HC 61, BOX 436
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 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	PD	1.1 TITLE	
NAME	IRIZARRY, LUCILLE REV	1.2 NAME	
STREET ADDRESS	2273 WALTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY 10453	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	IRIZARRY, MANUEL	2.2 NAME	
STREET ADDRESS	2273 WALTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY 10453	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	VIRVET, BIENVENIDO	3.2 NAME	
STREET ADDRESS	HC 61, BOX 436	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

1-12-99

CR2E037 (11/98)