

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N41308** (0)

1. Corporation Name

IGLESIA RENACER, INC. DE LA ALIANCA CRISTIANA Y MISIONERA

Principal Place of Business

Mailing Address

1617 S. 21ST AVE.
HOLLYWOOD FL 33020

1617 S. 21ST AVE.
HOLLYWOOD FL 33020



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **C/O GREGG FLEMING**

23 City & State

27 **1032 N. 31ST RD**

24 Zip

Country

28 **HOLLYWOOD FL**

29 Zip

Country

30 **33021 U.S.**

3. Date Incorporated or Qualified
12/13/1990

3a. Date of Last Report
03/30/1995

4. FEI Number

65-0424923

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, GREGORY D
2247 POLK ST.
SUITE #5-
HOLLYWOOD FL 33020

1032 N. 31ST RD
33021

81 Name **FLEMING, GREGORY D**

82 Street Address (P.O. Box Number is Not Acceptable)
1032 N. 31ST ROAD

83

84 City **HOLLYWOOD**

FL

85 Zip Code **33021**

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **RICHARDO, GEORGE R**
STREET ADDRESS **1032 N. 31ST RD.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SD** ☒ DELETE
NAME **MARIA, ESMIRNA**
STREET ADDRESS **1935 FLETCHER STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **TD** ☐ DELETE
NAME **FLEMING, GREGORY D**
STREET ADDRESS **2247 POLK ST S5**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **RICHARDO, GEORGE R**
1.3 STREET ADDRESS **510 N. 24TH AVENUE**
1.4 CITY-ST-ZIP **HOLLYWOOD FL 33020**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **DANIEL RODRIGUEZ**
2.3 STREET ADDRESS **2414 JACKSON STREET**
2.4 CITY-ST-ZIP **HOLLYWOOD FL 33020**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **FLEMING, GREGORY D**
3.3 STREET ADDRESS **1032 N. 31ST RD**
3.4 CITY-ST-ZIP **HOLLYWOOD FL 33021**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY D FLEMING 5-1-96 (954) 846-8899

Date

Daytime Phone #

CR2E037 (12/95)