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**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DCUMENT # N41648

pal Place of Business
once de leon st.
- PALM BEACH FL 33411

## **FILED** Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90118 025 \*\*\*\*70.00

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Gunda iglesia el calvari	O INC.				79001	. 90118	N 1 3	
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Place of Business	Mailing Address				:			
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pal Place of Business				]	1			
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, p	Suite, Apt. #, etc.		<del></del>	4. FEI Numb				
State	27			65-0342	2661.		L	Applied For
	City & State				<u> </u>	<del></del>		Not Applicab
Country	28			5. Certifcate	of Status Desired	N .	\$8.7	5 Additional
Country	Zip	Country		6 51-11 6			Fee	e Required
9. Name and 4 days - 2.0	29	30		Trust Fund	ampaign Financing		<b>\$</b> 5.	<b>00</b> May Be
9. Name and Address of Curre	ent Registered Agent		<del></del>	10. Name and	Contribution		A	led to Fees
TOPPEO MAGRICIA		81	Name	Bill	Address of New R	egistere	d Agent	
TORRES, MAGDALENO		-			<u>l.</u>			
NCE DE LEON		82	Street Add	ess (P.O. Box Nu	mber is Not Acceptal	ble)		
B4444 B-1-4		83	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
PALM BEACH FL 33411				•				
		84	City		<del></del>		T	
nt to the provisions of Sections 617.050	02 and 617,1508 Florida Status	tes the abo		_	1	FI	[  85   Z	ip Code
							_ , ,	
r registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was a	authorized by th	named corporation	oration submits thi	s statement for the p	urpose o	f changing	its registered
r registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617.0503, Flo	authorized by thorida Statutes.	named corporatio	oration submits things of direct	s statement for the p tors. I hereby accept	urpose of the appo	of changing pintment as	its registered registered
registered agent, or both, in the State am familiar with, and accept the obligation of the obligation					s statement for the p lors. I hereby accept	urpose o the appo	of changing pintment as	its registered registered
Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	: Registered Agent s		when reinstating)	· ·	DATE		· ———
Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE NO DIRECTORS	Registered Agent s		when reinstating)	· ·	DATE		· ———
Signature, typed or printed name of registared age OFFICERS AN PD TORRES, MAGDALENO R	nt and title if applicable. (NOTE	13.		when reinstating)	s statement for the poors. I hereby accept	DATE	ND DIRECT	TORS IN 12
Signature, typed or printed name of registared age OFFICERS AN PD TORRES, MAGDALENO R	nt and title if applicable. (NOTE NO DIRECTORS	13. 1.1 TITLE 1.2 NAME	ignature required	when reinstating)	· ·	DATE		TORS IN 12
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