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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N42044

1. Corporation Name
MINISTERIO EVANGELISTICO PALABRA DE VIDA, INC.

* 605238 - 90003 - 35 *

Principal Place of Business	Mailing Address
3368 LAKE WORTH RD LAKE WORTH FL 33466 US	PO BOX 7244 LAKE WORTH FL 33466 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1401 S. Military TRL Suite, Apt. #, etc. 22 SUITE I City & State 23 West Palm Beach FL Zip 24 33415 Country 25 Palm Beach	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	02/12/1991 4. FEI Number 65-0243407 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERNANDEZ, VICTOR C. 5550 S 38TH STREET GREENACRES FL 33463	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 _____ DATE
Signature, typed 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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HERNANDEZ, VICTOR C.		1.2 NAME		
STREET ADDRESS	900 1/2 SE AVE. "G"		1.3 STREET ADDRESS	5550 S. 38th Street	
CITY-ST-ZIP	BELLE GLADE FL		1.4 CITY-ST-ZIP	Greenacres, Fl 33463	
TITLE	DST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HERNANDEZ, CARIDAD M.		2.2 NAME		
STREET ADDRESS	900 1/2 SE AVE. "G"		2.3 STREET ADDRESS	5550 S. 38th Street	
CITY-ST-ZIP	BELLE GLADE FL		2.4 CITY-ST-ZIP	Greenacres, Fl 33463	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	HERNANDEZ, VICTOR G		3.2 NAME	JORGE FAVIANI	
STREET ADDRESS	900 1/2 S.E. AVE. G.		3.3 STREET ADDRESS	5550 S. 38th St	
CITY-ST-ZIP	BELLE GLADE FL		3.4 CITY-ST-ZIP	Greenacres, fl 33463	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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 #

CR2E037 (11/98)