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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N46061

IGLESIA CRISTIANA MAS QUE VENCEDORES, INC.										
	TORROTA OKIDITAMI	no qui viivo	DDON DO ,							
Principal Place of Business Mailing Address										
5460 N. STATE RD. 7 P.O. BOX 23282										
5460 N. STATE RD. 7 P.O. BOX 23282 SUITES #229-233 FT. LAUDERDALE, FI					3330	7				
FORT LAUDERDALE, FL 333319					3330	3. Date Incorporated or Qualified	3a. Date	of Last Re	port	
						11/19/91 4. FEI Number	1	LADO	olled For	
			BOX 23283			65-0296202		<b>——</b>	Applicable	
Suite, Apt. #, etc. Suite, Apt #, etc.					·	5. Certificate of Status Desired	K]	\$8.75 A		
22 SUITES	s # 229-233	27				5. Certificate of Status Desired	<b>A</b> J	Fee Rec	·	
City & State	City & State	City & State FT. LAUDERDALE, FL			6. Election Campaign Financing		\$5.00 Added to	,		
Z <sub>1</sub> D Z <sub>1</sub> D	AUDERDALE, FL Country	Zip		intry		Trust Fund Contribution  8. This corporation has liability for				
24 333	<del></del>	29 33307	30	USA	A		Yes 🛣			
24 33.	9. Name and Address of Current					10. Name and Address of New Re	gistered A	gent		
				81	Name					
				82	Street Ad	dress (P.O. Box Number is Not Acceptable)				
				83						
								lee   2m C	odo.	
				! !	City		FL	85 Zip C		
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida	Statutes, the a	bove-	named co	orporation submits this statement for the ration's board of directors. I hereby acce	ourpose of	changing its intment as r	registered egistered	
office or ri agent. 1 ai	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.05	03, Florida Sta	tutes.	ine corpor					
SIGNATURE							.9/96			
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable	(NOTE Registere		I signature rec	aured when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTORS	Š IN 12	
12.		DELE				TIED THE TOTAL CONTROL OF THE TENTE OF THE T		Change	Addition	
NAME	PRESIDENT	_	12 N	IAME		-10000173	156	31		
STREET ADDRESS	MARIO MARRERO			1 3 STREET ADDRESS		-04/24/96010	15700	)1		
CITY ST-ZIP	7008 NW 80 AVE.		140	CITY-ST	- ZIP	***70.00				
TITLE	TAMARAC, FL 33321 TREASURER	DELE	TE 217	ITLE	1.			<b>▼</b> Change	Addition	
NAME	NANCY ORTIZ ALICE	Δ	22 N	NAME						
STREET ADDRESS	4049 LAKESIDE DR.			STREET A	ADDRESS	6370 SW 18 CT.				
CITY-ST-ZIP	TAMARAC. FL. 33319			CITY - S	T- ZIP	POMPANO BEACH, FL.	33068	Change	Addition	
TITLE	SECRETARY			TITLE				Change	L Madritori	
NAME	VALENTIN FONTANEZ			NAME						
STREET ADDRESS	1611 NW 7 AVE. AP	T. B			ADORESS					
CITY - ST - ZIP	FORT LAUDERDALE,	FL 33311 X DELE		CITY-5	T · ZIP	T		T. Change	X Addition	
TITLE	T MARRIE MARREDO	(W) DECE		SITLE		IVAN PERALTA				
NAME	MARTA MARRERO 7008 NW 80 AVE.			NAME		4001 N. UNIVERSITY DE				
STREET ADDRESS	TAMARAC, FL 3332	1	•	STHEET A	ADDRESS	SUNRISE, FL 33351				
CITY - ST - ZIP		DELI	TE 511	TITLE	1-21	Т		Change	Addition	
NAME	T RAMON L. RODRIGUE			NAME		RICARDO VALENTIN			<b></b>	
STREET ADDRESS	1038 NW 7TH AVE.				ADDRESS	5039 NW 41ST CT.				
CITY-ST-ZIP	FORT LAUDERDALE,	FL 33311		CITY-SI		LAUDERDALE LAKES, 33	319			
TILLE	T	X DEL		TITLE		T		Change	Addition	
NAME	HILDA OLMEDA			NAME		MARCELINO FIGUEROA		$\sim$	2ML	
STREET ADDRESS	4029 LAKESIDE DR		63	STREET	ADDRESS	4029 LAKESIDE DR.		レン	7 m	
C:TY-ST-ZIP	TAMARAC, FL 333		64	CITY-S	T - ZIP	TAMARAC, FL 33319		1		
44 1 1 1 2 2 2 2 2	by partly that the information supplied	with this filing is volun	tarily furnished	and	does not o	qualify for the exemption stated in Section	n 119.07(3)	(k); Florida S	statutes	

4. 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). Fiorida 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Maria Maruna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/96

954-485-3195

Daytime Phore

CR2E037 (12/9