


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46087** (5)  
1. Corporation Name

**IGLESIA CRISTIANA MAS QUE VENCEDORES INC.**

Principal Place of Business

Mailing Address

**5480 N. ST RD 7  
SUITES #229-233  
FT. LAUDERDALE FL 33319**

**PO BOX 23283  
FT. LAUDERDALE FL 33307**



3. Date Incorporated or Qualified

**11/19/1991**

4. FEI Number

**65-0296202**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARRERO, MARIO  
5480 N. STATE RD. 7, #215-216  
FT. LAUDERDALE FL 33319**

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	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>MARRERO, MARIO</b>
STREET ADDRESS	<b>7901 NW 71 CT</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>ORTIZ, NANCY</b>
STREET ADDRESS	<b>6370 SW 18 CT.</b>
CITY-ST-ZIP	<b>POMPANO BCH FL 33068</b>
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	<b>VALENTIN, ENELIDA</b>
STREET ADDRESS	<b>5039 NW 41 CT</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>PERALTA, IVAN</b>
STREET ADDRESS	<b>4001 N. UNIVERSITY DR.</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>VALENTIN, RICARDO</b>
STREET ADDRESS	<b>5039 NW 41ST CT.</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, RAMON</b>
STREET ADDRESS	<b>1041 NW 7TH AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ORTIZ, Miryam</b>
2.3 STREET ADDRESS	<b>1620 SW 28 ST</b>
2.4 CITY-ST-ZIP	<b>Miami FL 33145</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Hilda Olmeda</b>
3.3 STREET ADDRESS	<b>5154 Island Club drive</b>
3.4 CITY-ST-ZIP	<b>TAMARAC FL 33319</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Fredie Ortiz</b>
4.3 STREET ADDRESS	<b>1620 S.W. 28 ST.</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL 33145</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>JUAN ESCRIBANO</b>
5.3 STREET ADDRESS	<b>1100 N.W. 19 ST.</b>
5.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33311</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Wanda Escribano</b>
6.3 STREET ADDRESS	<b>1100 N.W. 19 ST.</b>
6.4 CITY-ST-ZIP	<b>MIAMI; Fort Lauderdale FL 33311</b>

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.

SIGNATURE: **Mario Marrero**

**4-7-98**

CR2E037 (10/97)