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NONPROFIT CORPORATION ANNUAL REPORT

≟1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46087

1. Corporation Name

IGLESIA CRISTIANA MAS QUE VENCEDORES INC.

Principal Place of Business
5460 N. ST RD 7
SUITES #229-233
ET LAUDEDDALE EL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

PO BOX 23283

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FT. LAUDERDALE FL 33307

FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90128 040 ****70.00

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Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/19/1991

65-0296202

FEI Number

Solution Section Sec	Zip	Country	Zip	Con	Country		6. Election Campaign Financing	\$5.00	May Be		
MARRERO, MARIO 5480 N. STATE RD. 7, #215-216 FT. LAUDERDALE FL. 33319 45 City FL. Bits Zip Code 46 City FL. Bits Zip Code 46 City FL. Bits Zip Code 47 City FL. Bits Zip Code 48 City FL. Bits Zip Code 58 Charge Tip Code	24	25	29	30			Trust Fund Contribution	Added to Fees			
MARRERO, MARIO 5460 N. STATE RD. 7, #215-216 FT. LAUDERDALE FL 33319 44 City FL 85 Zip Code T1. 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named 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, the above-named corporation's short of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with, and accept the obligation of Statutes, the above-named corporation's short of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with, and accept the obligation of Section 1100NS/CHANGES TO OFFICERS AND DIRECTORS IN 12. IT DE						10. Name and Address of New Registered Agent					
S460 N. STATE RD. 7, #215-216 FT. LAUDERDALE FL 33319 A					81 Name	•					
S460 N. STATE RD. 7, #215-216 FT. LAUDERDALE FL 33319 A	MARRIERO MARIO				82 Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE FL. 33319 83											
### City FL 85 Zip Code ### City FL 85		The state of the s		***	83				. [
17. 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 and sist arginization. INOTE Registered Agent spread and registered and sist arginization. INOTE Registered Agent spread 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 sist arginization. INOTE Registered Agent spread and registered agent and sist arginization. INOTE Registered Agent spread and registered agent and sist arginization. INOTE Registered Agent spread and registered agent and sist arginization. INOTE Registered Agent spread and registered agent and sist arginization. INOTE Registered Agent spread and registered agent and sist arginization. INOTE Registered Agent spread and registered agent and sist arginization. INOTE Registered Agent spread agent and sist arginization. INOTE Registered Agent spread and registered agent and sist arginization. INOTE Registered Agent spread agent arginization. INOTE Registered Agent spread agent arginization. INOTE	1 1. <u>D</u> .ODI	ENDALE I E GOOTS		·	RA City			85 7ir	Code		
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 in appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,503.7, Florida Statutes. SIGNATURE Signature, Speed or printed manse of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12: OFFICERS AND DIRECTORS 13	1				G-e City			FL	_		
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• 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 appeaddress, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

954-724-0977

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