

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -5 PM 12:23

DOCUMENT # **N46646** (8)
1. Corporation Name
IGLESIA CRISTIANA PENTECOSTAL EL SHADDAI INC.

Principal Place of Business Mailing Address
920 DOSS AVE 920 DOSS AVE
ORLANDO FL 32809 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **1815 Silver Star Rd.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 **Orlando Fl. 32808** 28
Zip Country Zip Country
24 **32808** 25 **Orange** 29 30

3. Date Incorporated or Qualified **12/31/1991** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-3088444** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RAMIREZ, MARIEL
4519 SAN SEBASTIAN CR.
ORLANDO FL 32808

10. Name and Address of New Registered Agent
81 Name **Carmen Olmeda** *Carmen Olmeda*
82 Street Address (P.O. Box Number is Not Acceptable) **3413 Chariot Pl.**
83 **Orlando Fl.**
84 City **FL** 85 Zip Code **32818**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Carmen Olmeda** *X Carmen Olmeda* DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUNOZ, BENJAMIN
STREET ADDRESS	920 DOSS AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	MUNOZ, CARMEN
STREET ADDRESS	920 DOSS AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	RAMIREZ, MARIEL
STREET ADDRESS	4519 SAN SEBASTIAN CIR
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Carmen Olmeda
3.4 CITY-ST-ZIP	3413 Chariot Pl. Orlando Fl. 32818
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rev. Benjamin Munoz** *Rev. Benjamin Munoz* 1/16/95 826-4226