

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N46646 (8)

1. Corporation Name

IGLESIA CRISTIANA PENTECOSTAL EL SHADDAI INC.

Principal Place of Business

4845 SIVER STAR ROAD  
ORLANDO FL 32808  
US

Mailing Address

920 DOSS AVE  
ORLANDO FL 32809



3. Date Incorporated or Qualified  
12/31/1991

3a. Date of Last Report  
02/06/1995

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

24

25

29

30

4. FEI Number

59-3088444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLMEDA, CARMEN  
3413 CHARIOT PLACE  
ORLANDO FL 32818

81 Name

Leida Perez

82

Street Address (P.O. Box Number is Not Acceptable)

83

665 Ololu Dr.

84 City

Winter Park

FL

85

Zip Code

32789

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

Leida Perez

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

2-6-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE D ☐ DELETE  
NAME MUNOZ, BENJAMIN  
STREET ADDRESS 920 DOSS AVE.  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MUNOZ, CARMEN  
STREET ADDRESS 920 DOSS AVENUE  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME OLMEDA, CARMEN  
STREET ADDRESS 3413 CHARIOT PLACE  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE D ☒ Change ☒ Addition  
3.2 NAME Leida Perez  
3.3 STREET ADDRESS 665 Ololu Dr.  
3.4 CITY-ST-ZIP Winter Park FL-32789

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

Date

826-4226

Daytime Phone #

CR2E037 (12/95)