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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # N47411 (6)

1. Corporation Name

IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE , INC.

Principal Place of Business	Mailing Address
1600 MABBETTE STREET KISSIMMEE FL 34741	1600 MABBETTE STREET KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1992
3a. Date of Last Report: 03/03/1994
4. FEI Number: NOT APPLICABLE ☐ 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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

~~CAJIGAS, CLEMENTE~~
~~1250 WELSON RD.~~
~~ORLANDO FL 32837~~

10. Name and Address of New Registered Agent

81 Name: JAIME H. BENITES
82 Street Address (P.O. Box Number is Not Acceptable): 4156 BALD EAGLE DR
83
84 City: KISSIMMEE FL 85 Zip Code: 34746

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: [signature] JAIME H. BENITES 2-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO	1.1 TITLE	☐ Change ☐ Addition
NAME	BENITES, JAIME	1.2 NAME	
STREET ADDRESS	4156 BALD EAGLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DV ☐ Change ☐ Addition
NAME	MUNOZ, FELIX A	2.2 NAME	RIVERA, IVAN J.
STREET ADDRESS	23 SILVER PARK CIRCLE	2.3 STREET ADDRESS	1322 OAK GROVE ct.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D	3.1 TITLE	TR ☐ Change ☐ Addition
NAME	DE JESUS, AXEL C	3.2 NAME	MENDEZ, IRMA
STREET ADDRESS	4236 FT. COURAGE CIRCLE	3.3 STREET ADDRESS	3390 MORNINGSIDE DR
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	T	4.1 TITLE	TR ☐ Change ☐ Addition
NAME	JIMENEZ, CARLOS	4.2 NAME	ESCUDERO, FRANCISCO
STREET ADDRESS	101 ZACALO CT.	4.3 STREET ADDRESS	1315 EMMETT ST.
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	T	5.1 TITLE	T ☐ Change ☐ Addition
NAME	CAJIGAS, CLEMENTE	5.2 NAME	JIMENEZ, CARLOS
STREET ADDRESS	1250 WELSON ROAD	5.3 STREET ADDRESS	204 LINDO CT.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	S	6.1 TITLE	S ☐ Change ☐ Addition
NAME	DELGADO, CARMEN I	6.2 NAME	RIVERA, NITZA
STREET ADDRESS	1110 WINDWAY CIRCLE	6.3 STREET ADDRESS	3524 DAWN AVE.
CITY-ST-ZIP	KISSIMMEE FL 34744	6.4 CITY-ST-ZIP	KISSIMMEE, FL 34744

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)(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 attached amendment, or on an altered report.

SIGNATURE: [signature] 1-23-95 (407) 846 3061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAIME BENITES

00048587