FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 24 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49380 (1)

1. Corporation Name

FAITH SPANISH ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
2008 N GOLDENROD RD ORLANDO FL 32807	2008 N GOLDENROD RD ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1992
3a. Date of Last Report: 01/18/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1840 N. Goldenrod Rd.	26 1840 N. Goldenrod Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32807 Country 25 Orange	Zip 29 32807 Country 30 Orange

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 XX **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIAZ, VICTOR M. 5029 TANGERINE AVE WINTER PARK FL 32792	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	DIAZ, VICTOR M.	12 NAME	DIAZ, VICTOR M.	
STREET ADDRESS	2008 N GOLDENROD RD	13 STREET ADDRESS	1840 N. GOLDENROD RD.	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	21 TITLE	SD	XX Change ☐ Addition
NAME	HERNANDEZ, JOSE	22 NAME	ROMERO, BENJAMIN	
STREET ADDRESS	2008 N GOLDENROD RD	23 STREET ADDRESS	1840 N. GOLDENROD RD.	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	TD	31 TITLE	TD	XX Change ☐ Addition
NAME	MEDINA, HECTOR	32 NAME	CARRASQUILLO, GILBERTO	
STREET ADDRESS	2008 N GOLDENROD RD	33 STREET ADDRESS	1840 N. GOLDENROD RD.	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	300001465323	
STREET ADDRESS		43 STREET ADDRESS	-04/26/95--01054--016	
CITY-ST-ZIP		44 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

Rev. Victor M Diaz, President

SIGNATURE: Rev. Victor M Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95 Date

(407) 277-3013 Daytime Phone #

0033470