

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N50962 (2)

1. Corporation Name

IGLESIA DE DIOS PENTECOSTAL OF ALTAMONTE SPRINGS, INC.



Principal Place of Business

Mailing Address

3600 MCNEIL ROAD
ALTAMONTE SPRINGS FL 32714

462 CHARLES CIRCLE
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified
09/17/1992

3a. Date of Last Report
10/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 161461

22 City & State

27 Suite, Apt. #, etc.
28 ALTAMONTE SPRINGS, FL

24 Zip Country

29 32716 30 U.S.A.

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

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

g. Name and Address of Current Registered Agent

MEJIAS, IVAN
462 CHARLES CIRCLE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MEJIAS, IVAN	
STREET ADDRESS	501 NEW ENGLAND CT.#203	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSARIO, NICOLAS	
STREET ADDRESS	823 RAVENS CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, WILLIAM	
STREET ADDRESS	3340 GRAY FOX COVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEGARRA, ENRIQUE L.	
STREET ADDRESS	218 ATHERSTONE CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERA, MIGUEL	
STREET ADDRESS	823 ASH LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	462 Charles Circle
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	600 Meadow Ln.
2.4 CITY-ST-ZIP	Longwood, FL 32779
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Armando Pacheco
3.3 STREET ADDRESS	331 Cherokee Dr.
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lydia Rosario
4.3 STREET ADDRESS	300 Twelve Oaks Dr.
4.4 CITY-ST-ZIP	Winter Springs, FL 32708
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	124 Hazy Day Ct.
5.4 CITY-ST-ZIP	Apopka, FL 32703
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)(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: *Enrique L. Segarra* ENRIQUE L. SEGARRA 2/5/96 (407)295-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 407 1130

CR2E037 (12/95)