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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N50962 (2)
1. Corporation Name
IGLESIA CRISTIANA RENACER, INC.



Principal Place of Business: 3600 MCNEIL ROAD, ALTAMONTE SPRINGS FL 32714
Mailing Address: P.O. BOX 161461, ALTAMONTE SPRINGS FL 32716-1461, US

3. Date Incorporated or Qualified: 09/17/1992
3a. Date of Last Report: 03/04/1996
4. FEI Number: 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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. 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: Gregory Padilla
82 Street Address (P.O. Box Number is Not Acceptable): 3519 Calloway Dr.
83
84 City: ORL, FL 85 Zip Code: 32810

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: *Gregory Padilla* President (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MEJIAS, IVAN	
STREET ADDRESS	462 CHARLES CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSARIO, NICOLAS	
STREET ADDRESS	600 MEADOW LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PACHECO, A RMONDA	
STREET ADDRESS	331 CHEROKEE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEGARRA, ENRIQUE L.	
STREET ADDRESS	218 ATHERSTONE CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, MIGUEL	
STREET ADDRESS	125 HAZY DAY COURT	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSARIO, LYDIA	
STREET ADDRESS	300 TWELVE OAKS DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Padilla, Gregory	
1.3 STREET ADDRESS	3519 Calloway Dr	
1.4 CITY-ST-ZIP	ORL, FL 32810	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Damaris Segana	
2.3 STREET ADDRESS	218 Atherstone Ct	
2.4 CITY-ST-ZIP	Longwood, FL 32779	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Padilla, Elias	
3.3 STREET ADDRESS	7008 Forest City Rd	
3.4 CITY-ST-ZIP	ORL, FL 32810	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rojas, Manuel	
6.3 STREET ADDRESS	7480 Kappa Ct	
6.4 CITY-ST-ZIP	ORL, FL 32810	

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: *Gregory Padilla* (REQUIRED) *Gregory Padilla* 3/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013276

CR2E037 (9/96)