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Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N51396 (2)

1. Corporation Name

IGLESIA AMOR &amp; PAZ, INC.

Principal Place of Business

5229 PALM BEACH BLVD.  
FT. MYERS FL 33905  
US

Mailing Address

17 LOUISIANA RD.  
LEHIGH ACRES FL 33936-66443. Date Incorporated or Qualified  
10/21/19923a. Date of Last Report  
02/27/19964. FEI Number  
65-0373950Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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 &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTIAGO, DOMINGO  
17 LOUISIANA RD.  
LEHIGH ACRES FL 33936

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 D ☐ DELETE  
NAME SANTIAGO, GLADYS  
STREET ADDRESS 17 LOUISIANA RD.  
CITY - ST - ZIP LEHIGH ACRES FL 33936TITLE D ☒ DELETE  
NAME JORGE, SOTOMAYOR  
STREET ADDRESS 3830 SE 3RD AVE  
CITY - ST - ZIP CAPE CORAL FLTITLE D ☒ DELETE  
NAME PEREZ, MARINA  
STREET ADDRESS 1245 SE 8TH  
CITY - ST - ZIP CAPE CORAL FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Abel SANTIAGO  
2.3 STREET ADDRESS 17 LOUISIANA Road  
2.4 CITY - ST - ZIP LEHIGH ACRES, FL 339363.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME IRENE SANTIAGO  
3.3 STREET ADDRESS 17 LOUISIANA Road  
3.4 CITY - ST - ZIP LEHIGH ACRES, FL 339364.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067301

CR2E037 (9/96)