## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # N51396

(2)

IGLESIA AMOR & PAZ. INC.

**FILED** May 18 1998 8:00am Secretary of State

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Principal Plac	o of Buniages	Mailing Address			BARN 1844 1884 BARN 1840 NO	
Principal Place of Business Mailing Address				ţ		
5229 PALM BEACH BLVD. 17 LOUISIANA RD. FT. MYERS FL 33905 LEHIGH ACRES FL 33905 US				3. Date Incorporated or Qualified		
		LEMIGH ACHES FL 33906		10/21/1992		
•				4. FEI Number	Applied For	
				65-0373950	Not Applicable	
2. Principal P		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. 22 F - 7	*, etc.  MYERS, FL.	Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeown	ers association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible	
24 33	705 25 LAKE	29 34	0	Personal Property Tax due June 30.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
-			81 Name	GIADUS SANTI	460	
SANTIAGO, DOMINGO				82 Street Address (P.O. Box Number is Not Acceptable)		
17 ŁOUISIANA RD. LEMIGH ACRES FL 33936			83 17 Louistana Road			
			6	ehigh Aeres F	L 32936	
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 porporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.4503, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 617. (\$603), Florida Statutes.						
SIGNATURE GIADYS SANTIAGO ELAI. 0/ / JULIA. 0/						
Signature, typed or printed name or registered agent awarrine ii applicable: (MCDP/medistered Agent Signature required when remaining) DATE						
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12  hange Addition	
1		A Dillin	1.1 TITLE D 1.2 NAME	NEHEMIAS SANTIA	90 100	
NAME	SANTIAGO, GLADYS		1.3 STREET ADDRESS	17 Joursiana Rox	(d)	
STREET ADDRESS	17 LOUISIANA RO. LEHIGH ACRES FL 33936			NEHEMIAS SANTIA 17 LOUISIANA ROX LEHIGH ACRES, 1	C1-27926	
CITY-ST-ZIP TITLE	D LEMON ACRES PL 33800	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Lenigh // (Nos) /	Change Addition	
NAME	SANTIAGO, ABEL	D percie	2.2 NAME		C) Onlings C) Nacinon	
STREET ADDRESS	17 LOUISIANA RD		2.3 STREET ADDRESS			
· .	LEHIGH ACRES FL					
CITY-ST-ZIP TITLE	D D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	SANTIAGO, IRENE		3.2 NAME			
STREET ADDRESS	17 LOUISIANA RD		3.3 STREET ADORESS			
CITY-ST-ZIP	LEHIGH ACRES FL		3.4. CITY-ST-ZIP			
TITLE	man i reime i e	DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZiP		Ì	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE		Change Addition	

14. I 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP