


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N51396 (2)</b> 1. Corporation Name <b>IGLESIA AMOR &amp; PAZ, INC.</b>					
Principal Place of Business <b>5229 PALM BEACH BLVD. FT. MYERS FL 33905 US</b>			Mailing Address <b>17 LOUISIANA RD. LEHIGH ACRES FL 33936</b>		
2. Principal Place of Business 21 <b>4305 N. MICHIGAN AVE</b> Suite, Apt. #, etc. 22 <b>F.T MYERS, FL</b> City & State 23 Zip <b>33905</b> Country <b>LAKE</b>			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
9. Name and Address of Current Registered Agent <b>SANTIAGO, DOMINGO 17 LOUISIANA RD. LEHIGH ACRES FL 33936</b>			10. Name and Address of New Registered Agent 81 Name <b>GLADYS SANTIAGO</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>17 LOUISIANA ROAD</b> 84 City <b>LEHIGH ACRES FL</b> 85 Zip Code <b>33936</b>		
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 <b>GLADYS SANTIAGO</b> <i>Gladys Santiago</i> DATE <b>4-1-98</b> <small>Signature, typed or printed name of registered agent and date if applicable. (Not a Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D <b>SANTIAGO, GLADYS</b> <input checked="" type="checkbox"/> DELETE <b>17 LOUISIANA RD. LEHIGH ACRES FL 33936</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D <b>SANTIAGO, ABEL</b> <input type="checkbox"/> DELETE <b>17 LOUISIANA RD LEHIGH ACRES FL</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D <b>SANTIAGO, IRENE</b> <input type="checkbox"/> DELETE <b>17 LOUISIANA RD LEHIGH ACRES FL</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		D <b>NEHEMIAS SANTIAGO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17 LOUISIANA ROAD LEHIGH ACRES, FL 33936</b>			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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. SIGNATURE: <b>ABEL SANTIAGO</b> <i>Abel Santiago</i> DATE <b>4/14/98</b> 369-7542 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CR2E037 (10/97)