

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY - 1 PM 12: 17

DOCUMENT # N92000000140 (5)

1. Corporation Name  
IGLESIA SENDERO DE LA CRUZ, INC.

Principal Place of Business Mailing Address  
1948 S. CONGRESS AVE. P.O. BOX 7207  
WEST PALM FL 33406 LAKE WORTH FL 33466-7207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1992 3a. Date of Last Report 10/18/1994  
4. FEI Number 65-0371379 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 2390 S. Military Trail 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 West Palm Beach Fl. 28  
City & State City & State  
24 33415 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
PADRON, FERNANDO  
3395 HELENA DRIVE  
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent  
81 Name Fernando Padron  
82 Street Address (P.O. Box Number is Not Acceptable) 6106 Sherwood Glen Way  
83 Apt #7  
84 City West Palm Beach FL 85 Zip Code 33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	LOPEZ, ANA
STREET ADDRESS	713 S.F. ST.
CITY - ST - ZIP	LAKE WORTH FL 33406
TITLE	PD
NAME	PADRON, FERNANDO
STREET ADDRESS	3395 HELENA DRIVE
CITY - ST - ZIP	LAKE WORTH FL 33461
TITLE	SD
NAME	PEREZ, NANCY
STREET ADDRESS	1830 ABBEY RD. #J203
CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	D
NAME	PABON, BENITO
STREET ADDRESS	215 EAST COAST AVE. APT #A
CITY - ST - ZIP	LANTANA FL 33462
TITLE	D
NAME	PEREZ, LUIS A.
STREET ADDRESS	1830 ABBEY RD. #J203
CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Valencia, Ana
1.3 STREET ADDRESS	16319 E. Trafalgar Dr.
1.4 CITY - ST - ZIP	Loxahatchee Fl. 33471
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Padron, Fernando
2.3 STREET ADDRESS	6106 Sherwood Glen Way Apt. 7
2.4 CITY - ST - ZIP	West Palm Beach Fl. 33415
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Luz Torres, Lucila
3.3 STREET ADDRESS	16319 E. Trafalgar Dr.
3.4 CITY - ST - ZIP	Loxahatchee Fl. 33471
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lopez, Ana
4.3 STREET ADDRESS	713 S.F. ST.
4.4 CITY - ST - ZIP	LAKE WORTH FL. 33406
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sandoval, Manuela
5.3 STREET ADDRESS	7 Fern Lake
5.4 CITY - ST - ZIP	LAKE WORTH, FL. 33467
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fernando Padron 4-27-95 (407) 790-7488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Article Three)

REMITTED BY MAY 1