

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N92000000140 (5)**

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



Principal Place of Business: **2390 S MILITARY TRAIL WEST PALM BEACH FL 33415 US**
Mailing Address: **P.O. BOX 7207 LAKE WORTH FL 33466-7207**

3. Date Incorporated or Qualified: **11/05/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0371379**
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 1591 Kirk Road**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **West Palm Beach, FL**
24. Zip: **33406** 25. Country: **U.S.A.** 29. Zip: **30** 30. Country:

9. Name and Address of Current Registered Agent
**PADRON, FERNANDO
6106 SHERWOOD GLEN WAY
APT 7
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent
81. Name: **Padron, Fernando**
82. Street Address (P.O. Box Number is Not Acceptable): **798 Cotton Bay W. Drive APT. 1402**
83. City: **West Palm Beach** 85. Zip Code: **FL 33406**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
TITLE: TD	VALENCIA, ANA 16319 E TRAFALGAR DR LOXAHATCHEE FL	1.1 TITLE: PD 1.2 NAME: Padron, Fernando 1.3 STREET ADDRESS: 798 Cotton Bay W. Drive Apt 1402 1.4 CITY-ST-ZIP: West Palm Beach, FL 33406
TITLE: PD	PADRON, FERNANDO 6106 SHERWOOD GLEN WAY APT 7 WEST PALM BEACH FL	2.1 TITLE: SD 2.2 NAME: Padron, Margarita 2.3 STREET ADDRESS: 798 Cotton Bay W. Drive Apt 1402 2.4 CITY-ST-ZIP: West Palm Beach, FL 33406
TITLE: SD	TORRES, LUCILA 16319 E TRAFALGAR DR LOXAHATCHEE FL	3.1 TITLE: TD 3.2 NAME: Miguel Morales, Jr. 3.3 STREET ADDRESS: 1029 Almeria Road 3.4 CITY-ST-ZIP: West Palm Beach, FL 33405
TITLE: D	LOPEZ, ANA 713 S F ST LAKE WORTH FL	4.1 TITLE: D 4.2 NAME: Padron, Fernando J. 4.3 STREET ADDRESS: 1227 Benoit Farms Road Apt 104 4.4 CITY-ST-ZIP: West Palm Beach, FL 33411
TITLE: D	SANDOVAL, MANUELA 7 FERNE LAKE LAKE WORTH FL	5.1 TITLE: D 5.2 NAME: Padron, Maria A. 5.3 STREET ADDRESS: 798 Cotton Bay W. Drive Apt 1402 5.4 CITY-ST-ZIP: West Palm Beach FL 33405
TITLE: _____	_____	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under 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 617, 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** 4/15/96 407-681-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)