

# 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**

2. Principal Place of Business

2a. Mailing Address

**21 1591 Kirk Road**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 West Palm Beach, FL**

**28 City & State**

**24 Zip**

**25 Country**

**29 Zip**

**30 Country**

**33406**

**U.S.A.**

**29**

**30**

4. FEI Number  
**65-0371379**

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PADRON, FERNANDO  
6106 SHERWOOD GLEN WAY  
APT 7  
WEST PALM BEACH FL 33415**

**81 Name Padron, Fernando**

**82 Street Address (P.O. Box Number is Not Acceptable)  
798 Cotton Bay W. Drive APT. 1402**

**83**

**84 City West Palm Beach**

**FL**

**85 Zip Code 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

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	VALENCIA, ANA	
STREET ADDRESS	16319 E TRAFALGAR DR	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PADRON, FERNANDO	
STREET ADDRESS	6106 SHERWOOD GLEN WAY APT 7	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, LUCILA	
STREET ADDRESS	16319 E TRAFALGAR DR	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ANA	
STREET ADDRESS	713 S F ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANDOVAL, MANUELA	
STREET ADDRESS	7 FERNE LAKE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miguel Morales, Jr.	
3.3 STREET ADDRESS	1029 Almeria Road	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33405	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Padron, Fernando J.	
4.3 STREET ADDRESS	1227 Benoist Farms Road Apt 104	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fernando Padron**

**4/15/96**

**407-681-6848**

CR2E037 (12/95)