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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9200000827

Corporation Name

IGLESIA EVANGELICA LUTERANA "SAN PABLO APOSTOL" INC.

Principal Place of Business

Mailing Address

10700 SW 56TH ST. MIAMI FL 33165 10700 SW 56TH ST. MIAMI FL 33165

FILED Mar 01, 1999 8:00 am § Secretary of State

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	Place of Business 2a. Mailing Address		- Mailing Address				3. Date Incorporated or Qualifed 12/16/1992			-	•
Suite, Apt.	# atc	26	Suite, Apt. #, etc.				4. FEI Number			Applie	ed For
22	#, 6to.	27	00110,1.40.11,0101				65-0366190				pplicable
City & State	B		City & State						\$8.7	5 Add	itional
23	~	28	,				5. Certifcate of Status Desired		Fee	Requ	ired
Zip	Country	Zip Country			,		6. Election Campaign Financing		\$5.0	00 ма	v Be
24	25 29 30		آه			Trust Fund Contribution		Added to Fees			
	9. Name and Address of Current		stered Agent				10. Name and Address of New R	egistered A	\gent_		
				81	١	Name	•				,
PUERTO,	IOSE G			82	-	Street Addres	ss (P.O. Box Number is Not Accepta	hle)		٠.	
	18TH ST.			02		oli eel naare.	as (F.O. DOX Hallibor to Not Accopts				
MIAMI FL				83							
MIMMIT	33113			84	C	City			85 Z	ip Cod	le .
				Ì	<u> </u>	•		<u> </u>		<u>. </u>	
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	nt Irlori	ida. Such change was auth	ionzeo dy	≀me	amed corpor corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of o t the appoin	tment as	its reg regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Re	gistered Age	nt sig	gnature required s	when reinstating)	DATE	<u> </u>		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	ICERS AN	D DIREC	TORS	N 12
TITLE	Р		☐ DELETE	1.1 TITLE		P			Chan	ge	☐ Addition
NAME	REAL, VICTOR		l	1.2 NAME		DE	LGADO, F.F.				1
STREET ADDRESS	11257 NW 6TH TERR			1.3 STREE	TAD	DORESS 78	2 NW 134 AVG.				
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-S	T-ZI	P Mia	amiFL 33182				
TITLE	V		☐ DELETE	2.1 TITLE		W			KI Chan	ge	☐ Addition
NAME	ARIAS, JULIO			2.2 NAME		B	ARCIA DELIA VISW 145 AUC				
STREET ADDRESS	1075 NW 126TH CT			2.3 STREE	TAD	DRESS 97	NISW 145 AVE	,			'
CITY-ST-ZIP	MIAMI FL		;	2.4 CITY-5	ST-Z	IP MI	ami, Fl. 3318	6			
TITLE	S		☐ DELETE	3.1 TITLE					Chan	ge	Addition
NAME	BELLO, MARI			3.2 NAME							
STREET ADDRESS	10816 N KENDALL DR R-12			3.3 STREE	TAD	DRESS					
C/TY-ST-ZIP	MIAMI FL			3.4. CITY-5	ST-Z	ZIP)					
TITLE	T		☐ DELETE	4.1 TITLE					Chan	ge	☐ Addition
NAME	DELGADO, CARMELO			4. 2 NAME							
STREET ADDRESS	782 NW 134 AVE			4.3 STREE	TAD	DDRESS					
CITY-ST-ZIP	MIAMI FL			4.4 CITY- S	T-ZI	HP					
TITLE	D		☐ DELETE	5.1 TTTLE					☐ Chan	ge	Addition
NAME	ROBINSON, DALE			5.2 NAME		-					
STREET ADDRESS	6811 SW 48TH TERRACE			5.3 STREE	TAD	DORESS	•				
CITY-ST-ZIP	MIAMI FL			5.4 CITY- S	T-Z	YP				•	<u> </u>
TITLE	D		☐ DELETE	6.1 T/TLE		Ď	· · · · · · · · · · · · · · · · · · ·		Chan	ge	Addition
NAME	ROSADO, ANGELA			6.2 NAME		JA) R	RIAS, Julio 175 NW 126 ct				
STREET ADDRESS				6.3 STREE	TAD	DORESS 110	75 NW 126 CT				
OFFICE OF THE	MIAMI EI			6.4 CITY-S	ST-ZI	12 J	and El. 33182				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND THIS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

(305) 278-1677 Deyting Phone #

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