

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # N93000001235 (1)**

**1. Corporation Name**  
**CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIANA TEMPLO DEL AVIVAMIENTO), INC.**



**Principal Place of Business**  
700 PALM AVENUE  
HIALEAH FL 33010  
US

**Mailing Address**  
4824 SW 136TH PL  
MIAMI FL 33175-5129

**3. Date Incorporated or Qualified** 03/16/1993  
**3a. Date of Last Report** 02/26/1996

**4. FEI Number** 65-0410163  
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

**2. Principal Place of Business** **2a. Mailing Address**

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

**22** City & State **27** City & State

**23** Zip **28** Zip **29** Country **30** Country

**9. Name and Address of Current Registered Agent**

**CHACON, LUIS**  
4824 SW 136TH PL  
MIAMI FL 33175

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **85** Zip Code

**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	DP	<input type="checkbox"/> DELETE
NAME	MEDAL, JOSE A	
STREET ADDRESS	4710 FOX HUNT DR	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CHACON, LUIS	
STREET ADDRESS	4824 SW 136TH PL	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CHACON, BETTY	
STREET ADDRESS	4824 SW 136TH PL	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DS MIRTHA GALLARDO
3.3 STREET ADDRESS	9241 S.W. 152 AVE
3.4 CITY - ST - ZIP	MIAMI FL, 33193
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D. Rubi CARDONA
4.3 STREET ADDRESS	15320 S.W. 72 STREET
4.4 CITY - ST - ZIP	MIAMI FL, 33193
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D. MARINA TORNA
5.3 STREET ADDRESS	3200 MARY STREET Apt 9
5.4 CITY - ST - ZIP	MIAMI FL, 33133
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D. BETTY CHACON
6.3 STREET ADDRESS	4824 S.W. 136 PL.
6.4 CITY - ST - ZIP	MIAMI FL, 33175

**14. I do 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97  
Date

Daytime Phone # 0032802

CR2E037 (9/96)