

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

**FILED**  
**Jan 22 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001235 (1)**  
 1. Corporation Name  
**CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIA NA TEMPLO DEL AVIVAMIENTO), INC.**

Principal Place of Business <b>700 PALM AVENUE HIALEAH FL 33010 US</b>	Mailing Address <b>4824 SW 136TH PL MIAMI FL 33175</b>
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<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>25</b> Country	<b>28</b> Country
<b>24</b>	<b>29</b>
<b>30</b>	

**3.** Date Incorporated or Qualified  
**03/16/1993**

**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

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDAL, JOSE A 4710 FOX HUNT DR TAMPA FL 33624 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CHACON, LUIS 4824 SW 136TH PL MIAMI FL 33175 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALLARDO, MIRTHA 8241 S.W. 152 AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDONA, RUBI 15320 S.W. 72 STREET MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORNA, MARINA 3200 MARY STREET, #9 MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACON, BETTY 4824 S.W. 136 PLACE MIAMI FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.

**SIGNATURE:** LUIS CHACON DVT **SIGNATURE REQUIRED** 1/8/98

CR2E037 (10/97)