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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001235

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

FL

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 *Aurelio Gomez*

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/99

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGED	ADDED
DP	GOMEZ, AURELIO A.	6930 NW 186 ST, #517 MIAMI, FL	33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	CHACON, BETTY	4824 SW 136 PL. MIAMI, FL	33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	CHACON, LUIS	4824 SW 136 ST, MIAMI, FL	33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	ROZO, DARLING	7100 NW 179 ST #207, MIAMI, FL	33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GOMEZ, ANA	6930 NW 186 ST #517 MIAMI, FL	33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BARRETT, GUARINA	6345 NW 201 LN, MIAMI, FL	33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Aurelio Gomez* 2/11/99 305-823-0951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)