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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOMEZ, AURELIO A.	
1.3 STREET ADDRESS	6930 NW 186 ST, #517 MIAMI, FL 33015	
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHACON, BETTY	
2.3 STREET ADDRESS	4824 SW 136 PL, MIAMI, FL 33175	
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHACON, LUIS	
3.3 STREET ADDRESS	4824 SW 136 ST, MIAMI, FL 33175	
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROZO, DARLING	
4.3 STREET ADDRESS	7100 NW 179 ST #207, MIAMI, FL 33015	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GOMEZ, ANA	
5.3 STREET ADDRESS	6930 NW 186 ST #517 MIAMI, FL 33015	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARRETT, GUARINA	
6.3 STREET ADDRESS	6345 NW 201 LN, MIAMI, FL 33015	
6.4 CITY-ST-ZIP		

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

CR2E037 (1/98)