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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999

**Business** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9300001577

IGLESIA EVANGELICA PRINCIPE DE PAZ, INC.

Principal Place of
729 SW B ST MIAMI FL 33130

Mailing Address

51055 SW 95 AVE COOPER CITY FI 33328

## **FILED** May 10, 1999 8:00 am Secretary of State

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US										
Z. Principal P	lace of Business	2a. Mailing Address	<del></del>			3. Date Incorporated or Qualifed			<u>.                                      </u>	
21		26	<u> </u>			04/08/1993		—т.		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		<u> </u>	plied For	
22		27				94-9121999			t Applicable	
City & Stat	е	City & State				5. Certifcate of Status Desired			Additional equired	
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00	May Be	
24	25	29	30		•	Trust Fund Contribution	LJ	Added	to Fees	
<u> </u>	9. Name and Address of Current	t Registered Agent		<u> </u>		10. Name and Address of New R	egistered A	lgent		
				81 1	Name					
PEREZ, ALFONSO JESUS				82 5	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
5105 SW				83						
COOPER	CITY FL 33328									
				84 (	City		FL	85 Zip	Code	
office or I	to the provisions of Sections 617.0507 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change w	as authorize	a dv tne	named corpo e corporation	oration submits this statement for the n's board of directors. I hereby accept	nurnose of o	changing its	registered egistered	
office or i agent. I a	ranistered easent or both in the State (	of Florida, Such change w tions of, Section 617.0503	as authorize	utes.	e corporation	when reinstating)	purpose of on the appoint			
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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 atlachme at with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

51 MH F

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIAMI LAKES FL 33014

HERNANDEZ, HUMBERTO

730 E. 48 ST

HIALEAH FL 33013

316 NW 61 AVE

ECHEVERRIA, GLENDA

URE REQUIRED

DELETE

Z DELETE

Magaly Grafots 63615.w. 35 et.

Daytime Phone #

☐ Change

Change

☐ Addition

Addition