02271999-90050-020-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

99 MAR 22 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

0017397

DOCUMENT # N93000002463

1. Corporation Name
MOVIMIENTO IGLESIA CRISTIANA PENTECOSTAL INC.

Principal Place of Business	Mailing Address
3019 N. PINE HILLS RD. ORLANDO FL 32808	3019 N. PINE HILLS RD ORLANDO FL 32808

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/27/1993	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	4. FEI Number 55-3218454	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
PORTALATIN, NESTOR R 3019 N. PINE HILLS RD. ORLANDO FL 32808	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 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	PORTALATIN, NESTOR R		1.2 NAME	Portalatin, Nestor R	
STREET ADDRESS	3417 JAMISON DR		1.3 STREET ADDRESS	3417 Jamison Dr	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	T	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	ALVAREZ, RUTH E		2.2 NAME	Carmen Portalatin	
STREET ADDRESS	4724 MONTAUK ST		2.3 STREET ADDRESS	3920 Foot Hills Dr.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	T	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	GONZALEZ, ISABEL		3.2 NAME	Gonzalez, Isabel	
STREET ADDRESS	3400 LONDONDERRY BLVD		3.3 STREET ADDRESS	3400 Londonderry Blvd	
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP	Orlando, FL 32808	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Nestor R. Portalatin 1/29/99 (407) 292-5906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #