

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002538 (7)

1. Corporation Name

IGLESIA PENTECOSTAL UNIDA, INCORPORATED



Principal Place of Business

985 S.W. 67TH AVENUE
MIAMI FL 33144

Mailing Address

985 S.W. 67TH AVENUE
MIAMI FL 33144

3. Date Incorporated or Qualified
06/10/1991

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0273861

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JARQUIN, VICTOR
10505 S.W. 6TH ST.
MIAMI FL 33174

81

Name

Rodolfo Gutierrez

82

Street Address (P.O. Box Number is Not Acceptable)

3821 S.W. 99th Ave

83

Unit #2

84

City

MIAMI, FL

FL

85

Zip Code

33165

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

Signature typed or printed name of registered agent and title if applicable.

Rodolfo Gutierrez President

DATE

1/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JARQUIN, VICTOR	
STREET ADDRESS	10505 S.W. 6TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JARQUIN, ANGELA	
STREET ADDRESS	10505 S.W. 6TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABREU, DAISY	
STREET ADDRESS	1157 WEST 42ND STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	Rodolfo R. Gutierrez	
1.4 CITY-ST-ZIP	3821 S.W. 99th Ave #2	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	Daisy Abreu	
2.4 CITY-ST-ZIP	1157 W. 42nd Street	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY	
3.3 STREET ADDRESS	Berlis Esthela Garcia	
3.4 CITY-ST-ZIP	9089 NW-113 St Hialeah FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director	
4.3 STREET ADDRESS	Sony Viloria	
4.4 CITY-ST-ZIP	7351 S.W. 16th St	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director	
5.3 STREET ADDRESS	Joel Viloria	
5.4 CITY-ST-ZIP	7351 S.W. 16th St	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Gutierrez 1/14/96

Day

305-594-0735

Daytime Phone #

CR2E037 (12/95)

PS 3/14/96