

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 # N93000002711 (0)

1. Corporation Name

IGLESIA CRISTINA TESALONICA, INC.



Principal Place of Business

Mailing Address

5610 WASHINGTON STREET  
HOLLYWOOD FL

P.O. BOX 6636  
HOLLYWOOD FL 33081

3. Date Incorporated or Qualified  
06/17/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business (NEW ADDRESS)

Mailing Address

21 400 N 35th Ave.

26 P. O. BOX 6636

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Hollywood, Florida

28 City & State  
Hollywood, Fl.

24 Zip  
33021

25 Country  
USA (FLA)

29 Zip  
33081

30 Country  
USA (FL)

4. FEI Number  
65-0517163

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

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

PEREZ, RUBEN  
2519 SCOTT STREET  
HOLLYWOOD FL 33020

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PEREZ, RUBEN  
STREET ADDRESS 5610 WASHINGTON STREET  
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2519 Scott St. #2  
1.4 CITY-ST-ZIP Hollywood, Fl. 33020

TITLE VD  
NAME PEREZ, SARA  
STREET ADDRESS 5610 WASHINGTON STREET  
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 2519 Scott St. #2  
2.4 CITY-ST-ZIP Hollywood, Fl. 33020

TITLE SD  
NAME DANIEL, ARROYO JR  
STREET ADDRESS P.O. BOX 6250 N/A  
CITY-ST-ZIP HOLLYWOOD FL 33081

3.1 TITLE V/S/D  
3.2 NAME Sara Perez  
3.3 STREET ADDRESS 2519 Scott St.  
3.4 CITY-ST-ZIP Hollywood, Fl. 33020

TITLE TD  
NAME ORTIZ, SILA A  
STREET ADDRESS 5610 WASHINGTON STREET  
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 6831 Charleston St.  
4.4 CITY-ST-ZIP Hollywood, Fl. 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

*Rubén Pérez*

Ruben Perez

3/10/96

(954) 923-8921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)