

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002711 (0)**

1. Corporation Name

**IGLESIA CRISTINA TESALONICA, INC.**



Principal Place of Business <b>400 N. 35TH AVENUE HOLLYWOOD FL 33021 US</b>	Mailing Address <b>P.O. BOX 6636 HOLLYWOOD FL 33081 US</b>
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3. Date Incorporated or Qualified <b>06/17/1993</b>	4. FEI Number <b>65-0517163</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PEREZ, RUBEN 2519 SCOTT STREET HOLLYWOOD FL 33020</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>PEREZ, RUBEN</b>
STREET ADDRESS	<b>2519 SCOTT STREET #2</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>PEREZ, SARA</b>
STREET ADDRESS	<b>2519 SCOTT STREET #2</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	VSD <input type="checkbox"/> DELETE
NAME	<b>PEREZ, SARA</b>
STREET ADDRESS	<b>2519 SCOTT STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>ORTIZ, SILA A</b>
STREET ADDRESS	<b>6831 CHARLESTON STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD Ruben Perez</b>
1.3 STREET ADDRESS	<b>309 SE 2nd Ave.</b>
1.4 CITY-ST-ZIP	<b>Dania, FL. 33004</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD Sara Perez</b>
2.3 STREET ADDRESS	<b>309 SE 2nd Ave.</b>
2.4 CITY-ST-ZIP	<b>Dania, FL. 33004</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VSD</b>
3.3 STREET ADDRESS	<b>309 SE 2nd Ave.</b>
3.4 CITY-ST-ZIP	<b>Dania, FL. 33004</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CD Santos Vazquez</b>
5.3 STREET ADDRESS	<b>7571 Plantation Blvd.</b>
5.4 CITY-ST-ZIP	<b>Miramar, FL. 3</b>
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 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.

SIGNATURE: *[Signature]* 1/12/98 (954) 921-1111

CR2E037 (10/97)