

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 # N93000003696 (2)

1. Corporation Name

IGLESIA CRISTIANA JESUCRISTO ES EL SENOR, INC.



Principal Place of Business

Mailing Address

~~131 WILSHIRE BLVD~~
~~CASSELBERRY FL 32707~~

P.O. BOX 161285
ALTAMONTE SPRINGS FL 32716

1324 ANDERSON ST.
DELTONA, FL. 32725

3. Date Incorporated or Qualified
08/12/1993

3e. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1324 ANDERSON ST

26

4. FEI Number
59-3195995

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DELTONA, FL.

27 P.O. BOX 161285

City & State

City & State

23

28 ALT. SPRINGS, FL.

Zip

Country

24 32725

25 UOLUSIA

Zip

Country

29 32716

30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUIG, MIGUEL

~~1334 NIMROD LANE~~
~~ORLANDO FL 32839~~

81 Name Puig, Miguel

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

1324 ANDERSON ST.

83 Deltona, Florida

84 City

FL

85 Zip Code
32725

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 PUIG, MIGUEL ☐ DELETE
STREET ADDRESS ~~1334 NIMROD LANE~~
CITY-ST-ZIP ~~ORLANDO FL 32839~~

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PUIG MIGUEL
1.3 STREET ADDRESS 1324 ANDERSON ST.
1.4 CITY-ST-ZIP DELTONA, FL. 32725

TITLE VPD
NAME ROJAS, EDUARDO A ☐ DELETE
STREET ADDRESS ~~5278 AVENIDO DEL SOL~~
CITY-ST-ZIP ~~ORLANDO FL 32808~~

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME EDUARDO ROJAS
2.3 STREET ADDRESS 589 LITTLE RIVER LOOP APT. 288
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

TITLE SD
NAME CASIANO, NORMAN ☐ DELETE
STREET ADDRESS 5918 BENT PINE, #113
CITY-ST-ZIP ORLANDO FL 32822

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME SAAVEDRA JESUS ☒ DELETE
STREET ADDRESS 3651 GOLDENROD RD., #D-201
CITY-ST-ZIP WINTER PARK FL 32792

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME GVELYN MEDINA
4.3 STREET ADDRESS 665-A BELL TOWER ST.
4.4 CITY-ST-ZIP DELTONA, FL. 32725

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Miguel Puig

3-12-96 (407) 574-9536

Date

Daytime Phone #

CR2E037 (12/95)