

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
~~131 WILSHIRE BLVD
CASSELBERRY FL 32707~~
**1324 ANDERSON ST.
DELTONA, FL. 32725**

Mailing Address
P.O. BOX 161285
ALTAMONTE SPRINGS FL 32716

3. Date Incorporated or Qualified **08/12/1993** 3e. Date of Last Report **05/19/1995**

2. Principal Place of Business
21 **1324 ANDERSON ST**
Suite, Apt. #, etc. **DELTONA, FL.**
City & State
22
Zip **32725** Country **UOLUSIA**
24
2a. Mailing Address
26 **P.O. BOX 161285**
Suite, Apt. #, etc. **AIT. SPRINGS FL.**
City & State
27
Zip **32716** Country **Seminole**
29 30

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

9. Name and Address of Current Registered Agent
PUIG, MIGUEL
~~1334 NIMROD LANE
ORLANDO FL 32839~~

10. Name and Address of New Registered Agent
81 Name **PUIG, MIGUEL**
82 Street Address (P.O. Box Number is Not Acceptable) **1324 ANDERSON ST.**
83 **DELTONA, Florida**
84 City
85 Zip Code **FL 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PUIG, MIGUEL	
STREET ADDRESS	1334 NIMROD LANE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROJAS, EDUARDO A	
STREET ADDRESS	5278 AVENEDO DEL SOL	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CASIANO, NORMAN	
STREET ADDRESS	5918 BENT PINE, #113	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SAAUEDRA JESUS	
STREET ADDRESS	3651 GOLDENROD RD., #D-201	
CITY-ST-ZIP	WINTER PARK FL 32792	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PUIG MIGUEL	
1.3 STREET ADDRESS	1324 ANDERSON ST.	
1.4 CITY-ST-ZIP	DELTONA, FL. 32725	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BVELYN MEDINA	
4.3 STREET ADDRESS	665-A BELLTOWER ST.	
4.4 CITY-ST-ZIP	DELTONA, FL. 32725.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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]* **Miguel Puig** 3-12-96 (407) 574-9536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)