

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003696 (2)**  
1. Corporation Name  
**IGLESIA CRISTIANA JESUCRISTO ES EL SENOR, INC.**



Principal Place of Business <b>1324 ANDERSON ST DELTONA FL 32725 US</b>	Mailing Address <b>P.O. BOX 161285 ALTAMONTE SPRINGS FL 32716-1285</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

3. Date Incorporated or Qualified <b>08/12/1993</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-3195995</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**PUIG, MIGUEL  
1324 ANDERSON ST  
DELTONA FL 32725**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PUIG, MIGUEL</b>	
STREET ADDRESS	<b>1324 ANDERSON ST</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROJAS, EDUARDO A</b>	
STREET ADDRESS	<b>589 LITTLE RIVER LOOP APT 288</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASIANO, NORMAN</b>	
STREET ADDRESS	<b>5818 BENT BINE, #113</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MEDINA, EVELYN</b>	
STREET ADDRESS	<b>855 A BELL TOWER ST</b>	
CITY-ST-ZIP	<b>DELTONA 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CASIANO, NORMAN</b>
3.3 STREET ADDRESS	<b>1620 BRADY DR.</b>
3.4 CITY-ST-ZIP	<b>DELTONA, FL. 32725</b>
4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FRANK GARNICA</b>
4.3 STREET ADDRESS	<b>1869 MERRICK DR.</b>
4.4 CITY-ST-ZIP	<b>DELTONA, FL. 32738</b>
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	<b>900002190609</b>
6.3 STREET ADDRESS	<b>-05/27/97--01003--040</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 \_\_\_\_\_

CR2E037 (9/96)