

**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 # **N93000004740 (7)**

1. Corporation Name

**MOVIMIENTO EMANUEL IGLESIA LA PALABRA DE VIDA, INC.**



Principal Place of Business: **14440 SW 295TH ST, LEISURE CITY FL 33033**  
Mailing Address: **14440 SW 295TH ST, LEISURE CITY FL 33033**

3. Date Incorporated or Qualified: **10/20/1993**  
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business: **14440 SW 295TH ST, LEISURE CITY FL 33033**  
2a. Mailing Address: **14440 SW 295TH ST, LEISURE CITY FL 33033**  
21. Suite, Apt. #, etc.:  
22. City & State:  
23. Zip: Country:  
24. Zip: Country:

4. FEI Number: **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:  
**ROSA, ENRIQUE G  
14440 SW 295TH ST  
LEISURE CITY FL 33033**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSA, ENRIQUE G</b>	1.2 NAME	
STREET ADDRESS	<b>14440 SW 295TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEISURE CITY FL 33033</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSA, ANGELA</b>	2.2 NAME	
STREET ADDRESS	<b>14440 SW 295TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEISURE CITY FL 33033</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECHEVARRIA, JUAN</b>	3.2 NAME	
STREET ADDRESS	<b>14971 SW 296TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEISURE CITY FL 33033</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*[Handwritten Signature]*  
3-25-96

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, on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* DATE: **3/16/96** DAYTIME PHONE #: **305 245 6458**

CR2E037 (12/95)