

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

0005503

DOCUMENT # N94000000762 (4)

1. Corporation Name

MINISTERIO EVANGELISTICO "RECONCILIACION", INC.

Principal Place of Business

749 WEST 36 ST
HIALEAH FL 33012
US

Mailing Address

749 WEST 36 ST
HIALEAH FL 33012
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Name and Address of Current Registered Agent

QUINONEZ, JOSE R
749 WEST 36 ST
HIALEAH FL 33012

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

02/16/1994

4. FEI Number

65-0470867

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

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 type for printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12 OFFICERS AND DIRECTORS

11 TITLE [] DELETE

NAME QUINONEZ, JOSE R

STREET ADDRESS 749 W 36TH ST

CITY-STATE-ZIP HIALEAH FL

12 TITLE [X] DELETE

NAME CARABALLO, BENJAMIN

STREET ADDRESS 749 WESY 36 ST

CITY-STATE-ZIP HIALEAH FL

13 TITLE [X] DELETE

NAME SEPULVEDA, TANIA

STREET ADDRESS 749 WEST 36 ST

CITY-STATE-ZIP HIALEAH FL

14 TITLE [X] DELETE

NAME GUITERREZ, CRISTOBAL

STREET ADDRESS 749 W 36TH ST

CITY-STATE-ZIP HIALEAH FL

15 TITLE [X] DELETE

NAME SOCARRA, JORGE

STREET ADDRESS 749 WEST 36TH ST

CITY-STATE-ZIP HIALEAH FL

16 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)