

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 26, 1999 8:00 am  
Secretary of State

08-26-1999 90013 003 \*\*\*\*61.25

DOCUMENT # N94000000762

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

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

9. Name and Address of Current Registered Agent

QUINONEZ, JOSE R  
749 WEST 36 ST  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME QUINONEZ, JOSE R  
STREET ADDRESS 749 W 36TH ST  
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE TD  
NAME PEREZ, JOSE DARIO  
STREET ADDRESS 749 WESY 36 ST  
CITY-ST-ZIP HIALEAH FL 33012 ☒ DELETE

TITLE SD  
NAME GUICHARDO, MERCEDES  
STREET ADDRESS 749 WEST 36 ST  
CITY-ST-ZIP HIALEAH FL 33012 ☒ DELETE

TITLE TR  
NAME HERRERA, ROLANDO  
STREET ADDRESS 749 W 36TH ST  
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE TR  
NAME PRIETO, ULYSES  
STREET ADDRESS 749 WEST 36TH ST  
CITY-ST-ZIP HIALEAH FL 33012 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE TD ☒ Change ☐ Addition  
2.2 NAME HCRIBERTA GUTIERREZ  
2.3 STREET ADDRESS 749 W 36 ST  
2.4 CITY-ST-ZIP Hialeah FL 33012

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME MARIA E. SALAZAR  
3.3 STREET ADDRESS 749 W 36 ST  
3.4 CITY-ST-ZIP Hialeah FL 33012

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE M ☒ Change ☒ Addition  
5.2 NAME LOIS C. RUEDA  
5.3 STREET ADDRESS 749 W 36 ST  
5.4 CITY-ST-ZIP Hialeah FL 33012

6.1 TITLE TV ☐ Change ☒ Addition  
6.2 NAME CRISTOBAL GUTIERREZ  
6.3 STREET ADDRESS 749 W 36 ST  
6.4 CITY-ST-ZIP Hialeah FL 33012

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/99

Date

(305) 364-8724

Daytime Phone #

CR2E037 (5/99)