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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000977

1. Corporation Name:

IGLESIA EVANGELICA JESUCRISTO REFUGIO ETERNO, IN C.

Principal Place of Business

**500 W 12 ST C2 - 7C4
HIALEAH FL 33010**

Mailing Address

**500 W 12 ST C2 - C4
HIALEAH FL 33010**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	02/25/1994
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	65-0471868
24. Country	29. Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

**SEGOVIA, VICTOR H
500 W 12 ST C2
HIALEAH FL 33010**

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 **DP** ☐ DELETE
NAME **SEGOVIA, VICTOR H**
STREET ADDRESS **500 W 12 ST C2**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **DT** ☐ DELETE
NAME **SEGOVIA, MARIA C**
STREET ADDRESS **500 W 12 ST C2**
CITY-ST-ZIP **HIALEAH FL**

TITLE **DS** ☐ DELETE
NAME **ALMENDAREZ, LORNA**
STREET ADDRESS **3430 E 4 AVE #209**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #

04-9-99-205883-964
205883-94

CR2F037 (11/98)