NONPROFIT CORPORATION ANNUAL REPORT

. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

2. Principal Place of Business

21

N94000002852

Inglesia Pentecostal El Nuevo Pacto, Inc.

2a. Mailing Address

26

Principal Place of Business Mailing Address

9850 S.W. 24 Street 9872 S.W. 145 Place
Miami, Fl. 33165 Niami, Fl. 33186

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90004 001 ****70.00

≣



1994

3. Date incorporated or Qualifed

June 9.

City & State City & State	Applied For										
City & State Country Country Reference of Registered Agent State	lot Applicable										
Zip Country Zip Country Zip Country S5.0 S. Election Campaign Financing S5.0 S5.0 S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address (P.C. Box Name and Address (P.C. Box Name and Address (P.C. Box Name and Address (P.C	Additional										
Zip Country Zip Country	Fee Required										
23) May Be										
9. Name and Address of Current Registered Agent Rafael A. Montanez 9850 S.W. /45 Place Miami, Fl. 33/86 11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a signal and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyper or proved name of 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 a signal familiar with a data cost the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyper or proved name of registered agent and the 1 applicable. INDIE: Registered Agent 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT 14. Intitle Change Change	to Fees										
Rafael A. Montanez 9850 S.W. 145 Place Miami, Fl. 33/86 11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida, Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as a section 817.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or preed name of inquared span and the 4 agenticable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Montanez 9872 S.W. 145 Place 15. TITLE NAME SIRECT ADDRESS 9872 S.W. 145 Place 16. Change 17. ST-2P Niami, Fl. 33/86 DELETE 22. NAME 22. NAME Nonita Garcia 982/ S.W. 145 Place 22. NAME 22. NAME Nonita Garcia 22. NAME Nonita Garcia 22. NAME Nonita Garcia 23. STREET ADDRESS 24. GITY-ST-2P Niami, Fl. 33/86 DELETE 13. TITLE Change Change Change Change Change Change NAME SIRECT ADDRESS S											
The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in 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 in familiar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT INTIME 12. NAME Rafael A. Montane? 9872 S.W. /45 Place OFFICERS AND DIRECTORS 14. CITY.ST-2P TIME 1.1 TIME 1.2 NAME 1.2 NAME 1.3 INTIME 1.2 NAME 1.3 STREET ADDRESS 9872 S.W. /45 Place OFFICERS AND DIRECTORS 1.4 CITY.ST-2P TIME 1.5 TIME 2.2 NAME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 1.5											
The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in 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 in familiar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT INTIME 12. NAME Rafael A. Montane? 9872 S.W. /45 Place OFFICERS AND DIRECTORS 14. CITY.ST-2P TIME 1.1 TIME 1.2 NAME 1.2 NAME 1.3 INTIME 1.2 NAME 1.3 STREET ADDRESS 9872 S.W. /45 Place OFFICERS AND DIRECTORS 1.4 CITY.ST-2P TIME 1.5 TIME 2.2 NAME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 1.5											
The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in 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 in familiar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT INTIME 12. NAME Rafael A. Montane? 9872 S.W. /45 Place OFFICERS AND DIRECTORS 14. CITY.ST-2P TIME 1.1 TIME 1.2 NAME 1.2 NAME 1.3 INTIME 1.2 NAME 1.3 STREET ADDRESS 9872 S.W. /45 Place OFFICERS AND DIRECTORS 1.4 CITY.ST-2P TIME 1.5 TIME 2.2 NAME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 1.5											
The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in 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 in familiar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT INTIME 12. NAME Rafael A. Montane? 9872 S.W. /45 Place OFFICERS AND DIRECTORS 14. CITY.ST-2P TIME 1.1 TIME 1.2 NAME 1.2 NAME 1.3 INTIME 1.2 NAME 1.3 STREET ADDRESS 9872 S.W. /45 Place OFFICERS AND DIRECTORS 1.4 CITY.ST-2P TIME 1.5 TIME 2.2 NAME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.2 NAME 3.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 2.5 STREET ADDRESS 98.2 / S.W. /45 Place 1.5 TIME 1.5											
11. Pursuant to the provisions of Sections 817.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE Signature Signature, typed or private name of registered agent and title 1 applicable. INOTE: Registered Agent Signature requires when refeatable) OATE											
11. Pursuant to the provisions of Sections 817.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing in 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE Signature, typed or private name of registered agent and title 4 applicable. [NOTE: Programed Agent Suprature required when refeatable) OANE	Code										
office or registered agent, or both, in the State of Fiorida. Such change was authorized by the Corporation's Doal'd of directors. Thereby accept the appointment as agent. I am farmiliar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE SIGNATURE SIGNATURE TREET ADDRESS AND DIRECTORS TITLE TREET ADDRESS AND DIRECTORS TREET ADDRESS AND THE AGENCY AND THE AGENCY AND DIRECTORS TITLE TREET ADDRESS AND THE AGENCY AND THE											
office or registered agent, or both, in the State of Fiorida. Such change was authorized by the Corporation's Doal'd of directors. Thereby accept the appointment as agent. I am farmiliar with, and accept the obligations of, Section 617.0503, Florida Statules. SIGNATURE SIGNATURE SIGNATURE TREET ADDRESS AND DIRECTORS TITLE TREET ADDRESS AND DIRECTORS TREET ADDRESS AND THE AGENCY AND THE AGENCY AND DIRECTORS TITLE TREET ADDRESS AND THE AGENCY AND THE	registered										
SIGNATURE Signature, typed of protect name of registered agent and title if applicable. INOTE: Registered Agent signature required when refeatable) DATE	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's position of directors, I nereby accept the appointment as registered										
Signature, typed or printed name of registered agent and title 4 applicable. INOTE: Registered Agent spreads when referbating) INOTE: Registered Agent spreads when referbating INOTE: Registered Agent spreads when refer Agent spreads whe											
12. OFFICERS AND DIRECTORS TITLE D Raéaident DELETE 1.1 TITLE Change Raéael A. Montanez 1.2 Street Adoress 1.3 Street Adoress CITY-ST-ZP Miami, FL 33/86 DELETE 2.1 TITLE Secretary Nonita Garcia Gar											
ITILE	ORS IN 12										
NAME Rafael A. Montanez STREET ADORESS GITY-ST-ZP Miami, FL. 33/86 DELETE Secretary NAME STREET ADORESS GITY-ST-ZP Miami, FL. 33/86 DELETE 22 NAME 22 NAME NO nita Gancia 982/5.W. /45 Place CITY-ST-ZP Miami, FL. 33/86 DELETE 31 TITLE Change The anim, FL. 33/86 DELETE 31 TITLE Change The anim, FL. 33/86 GITY-ST-ZP TITLE DELETE ACTIV-ST-ZP TITLE Change 41 TITLE Change 42 NAME 43 STREET ADORESS CITY-ST-ZP TITLE Change 44 CITY-ST-ZP TITLE Change 44 CITY-ST-ZP TITLE Change Change 44 CITY-ST-ZP TITLE Change	☐ Addition										
STREET ADDRESS 9872 S.W. 145 Place CITY-ST-ZP Miami, Fl. 33/86 DELETE 21 TITLE Secretary Nonita Garcia 9821 S.W. 145 Place 22 NAME Vonita Garcia 9821 S.W. 145 Place CITY-ST-ZP Miami, Fl. 33/86 DELETE 23 STREET ADDRESS CITY-ST-ZP Miami, Fl. 33/86 DELETE 31 TITLE Change CHANGE STREET ADDRESS CITY-ST-ZP Miami, Fl. 33/26 DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Change 43 STREET ADDRESS CITY-ST-ZP TITLE DELETE Change 44 CITY-ST-ZP TITLE Change											
TITLE D Change STREET ADDRESS CITY-ST-ZIP Miami, FL 33/86 DELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP Miami, FL 33/86 DELETE 31 TITLE Trearurer Trearurer Rafael Batista 33 STREET ADDRESS CITY-ST-ZIP Miami, FL 33/26 CITY-ST-ZIP TITLE Change 43 STREET ADDRESS CITY-ST-ZIP TITLE Change											
TITLE D Change STREET ADDRESS CITY-ST-ZIP Miami, FL 33/86 DELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP Miami, FL 33/86 DELETE 31 TITLE Trearurer Trearurer Rafael Batista 33 STREET ADDRESS CITY-ST-ZIP Miami, FL 33/26 CITY-ST-ZIP TITLE Change 43 STREET ADDRESS CITY-ST-ZIP TITLE Change											
Secretary Norita Garcia 982/ S.W. 145 Place 23 STREET ADORESS 24 CITY-ST-ZIP Miami, Fl. 33/86 Trearurer NAME Rafael Batista STREET ADORESS CITY-ST-ZIP Miami, Fl. 33/26 DELETE 31 TITLE 32 NAME 33 STREET ADORESS CITY-ST-ZIP Miami, Fl. 33/26 DELETE 41 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE Change 43 STREET ADORESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change C											
Nonita Gancia 982/ S.W. 45 Place 23 STREET ADDRESS CTY-ST-ZIP Miami, Fl. 33/86 DELETE 31 TITLE Change Change CTY-ST-ZIP Miami, Fl. 33/86 DELETE 31 TITLE Change CTY-ST-ZIP Miami, Fl. 33/26 STREET ADDRESS CTY-ST-ZIP Miami, Fl. 33/26 DELETE 41 TITLE Change CTY-ST-ZIP CT	Addition										
CRY-ST-ZP											
CRY-ST-ZP											
ITTLE DELETE 31 TITLE Change NAME Rafael Batista STREET ADDRESS CITY. ST-ZIP Miami, FL 33/26 DELETE NAME STREET ADDRESS CITY. ST-ZIP TITLE NAME STREET ADDRESS CITY. ST-ZIP TITLE DELETE 41 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY. ST-ZIP TITLE DELETE 5.1 TITLE Change Cha											
	☐ Addition										
TITLE											
TITLE											
NAME	☐ Addition										
### ### ##############################											
Crry-st-ZeP TITLE											
TITLE DELETE / 5.1 TITLE Change											
TITLE DELETE / 5.1 TITLE Change											
•	☐ Addition										
NAME . 52 NAME											
5 3 STDEET APPDESS											
STREET AUDICESS											
CITY-SI-AP	Addition										
THE .											
NAME 62 NAME											
STREET ADDRESS 63 STREET ADDRESS	i										
CITY_ST_ZIP 8.4 CITY_ST_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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	information										