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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

**DOCUMENT # N94000005173**

1. Corporation Name

**IGLESIA EL FARO ASAMBLEAS DE DIOS INC.**

Principal Place of Business

1616 OAK STREET  
KISSIMMEE FL 34742

Mailing Address

P.O. BOX 420641  
KISSIMMEE FL 34742



2. Principal Place of Business

21 101<sup>st</sup> Cypress St.

2a. Mailing Address

26 Same

3. Date Incorporated or Qualified

10/17/1994

Suite, Apt. #, etc.

22 Ste. C

Suite, Apt. #, etc.

27

4. FEI Number

59-3243257

Applied For

Not Applicable

City & State

23 Kiss FL

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip Country

24 34741 25 ORGEOLO

Zip Country

29

30

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MARQUEZ, PABLO E  
476 KARLO COURT  
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

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

128 Hidden Springs Circle

83

84 City

Kissimmee

FL

85 Zip Code

34743

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 ☐ DELETE

NAME MARQUEZ, PABLO E  
STREET ADDRESS 1616 OAK STREET  
CITY-ST-ZIP KISSIMMEE FL 34742

TITLE SD ☐ DELETE

NAME CABA, EVARISTO  
STREET ADDRESS 1616 OAK STREET  
CITY-ST-ZIP KISSIMMEE FL 34742

TITLE SD ☐ DELETE

NAME VALDERRAMA, FELIX  
STREET ADDRESS 2604 HORSESHOE BAY DR  
CITY-ST-ZIP KISSIMMEE FL 34741

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

128 Hidden Springs Circle  
Kissimmee FL 34743

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1025 W Tropicana C.T.  
Kissimmee FL 34741

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

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

1-26-99 (407) 344-9772

Date

Daytime Phone #

CR2E037 (11/98)