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05-08-1999 90029 012 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000005757

1. Corporation Name

PRIMERA IGLESIA CRISTIANA CONGREGACIONAL DE PLANT CITY, INC.

Principal Place of Business

908 E REYNOLDS ST
PLANT CITY FL 33565
US

Mailing Address

P.O. BOX 536
PLANT CITY FL 33564-0536



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/21/1994

4. FEI Number

59-3238635

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

SANTANA, JULIO A REV
2438 RIVERWOOD DR.
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name

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

83 306 E. Tomlin St.

84 City Plant City

FL

85 Zip Code

33566

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	PT	<input checked="" type="checkbox"/> DELETE
NAME	TKACHUCK, THOMAS REV.	
STREET ADDRESS	2401 S. PARK AVE.	
CITY-ST-ZIP	SANFORD FL 32711	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BASS, JAMES	
STREET ADDRESS	1103 N. WHEELER ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HALLBERG, LORENE	
STREET ADDRESS	3209 CONCORD WAY	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	FROSELL, KIM	
STREET ADDRESS	P.O. BOX 3295 N/A	
CITY-ST-ZIP	PLANT CITY F: 33566	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTANA, JULIO A REV	
STREET ADDRESS	2426 RIVERWOOD DR.	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bass, James	
1.3 STREET ADDRESS	1103 N. Wheeler St.	
1.4 CITY-ST-ZIP	Plant City, FL 33566	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Condit, Gordon	
2.3 STREET ADDRESS	1200 E. Cleveland St.	
2.4 CITY-ST-ZIP	Hernando, FL 32642	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Julio A. Santana

Date

5-5-99 (513) 754-2840

Daytime Phone #

CR2E037 (1/98)