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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006362 (7)**

1. Corporation Name

CENTRO CRISTIANO TABERNACULO DE LA UNCION, INC.

Principal Place of Business	Mailing Address
632 FLORAL DRIVE KISSIMMEE FL 34743	P.O. BOX 450817 KISSIMMEE FL 34745-0817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1994
3a. Date of Last Report:
4. FEI Number: 65-0527041 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDINO, RAUL 632 FLORAL DRIVE KISSIMMEE FL 34743	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☑ Change ☐ Addition
NAME	ANDINO, RAUL	12 NAME	Andino, Raul
STREET ADDRESS	632 FLORAL DRIVE	13 STREET ADDRESS	632 Floral Drive
CITY-ST-ZIP	KISSIMMEE FL 34743	14 CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	V	21 TITLE	VP/D ☑ Change ☐ Addition
NAME	ANDINO, ELIZABETH	22 NAME	Andino, Elizabeth
STREET ADDRESS	632 FLORAL DRIVE	23 STREET ADDRESS	632 Floral Drive
CITY-ST-ZIP	KISSIMMEE FL 34743	24 CITY-ST-ZIP	Kissimmee, FL 34743
TITLE	S	31 TITLE	T/D ☑ Change ☐ Addition
NAME	GUADALUPE, RUTH Z	32 NAME	Martin Garcia
STREET ADDRESS	4175 E. VISTA CT.	33 STREET ADDRESS	1705 Tahiti PL
CITY-ST-ZIP	KISSIMMEE FL 34746	34 CITY-ST-ZIP	Kissimmee, FL 32741
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Raul Andino 4-18-95 (407) 344-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000180