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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N94000006362 (7)**

1. Corporation Name

CENTRO CRISTIANO TABERNACULO DE LA UNION, INC.

Principal Place of Business

Mailing Address

**632 FLORAL DRIVE
KISSIMMEE FL 34743****P.O. BOX 450817
KISSIMMEE FL 34745-0817**3. Date Incorporated or Qualified
12/30/19943a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 1615 Elmstead Ct**25**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 Orlando FL**28**

Zip

Zip

24 32824**29**

Country

Country

25**30**4. FEI Number
65-0527041Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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)
1615 ELMS TEAD Ct

83

84 City **Orlando****FL**85 Zip Code
32824

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ANDINO, RAUL**
STREET ADDRESS **632 FLORAL DRIVE**
CITY-ST-ZIP **KISSIMMEE FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **VPD** ☐ DELETE
NAME **ANDINO, ELIZABETH**
STREET ADDRESS **632 FLORAL DRIVE**
CITY-ST-ZIP **KISSIMMEE FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **TD** ☐ DELETE
NAME **GARCIA, MARTIN**
STREET ADDRESS **1705 TAHITI PLACE**
CITY-ST-ZIP **KISSIMMEE FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **SD** ☒ DELETE
NAME **RIOS, MARTA**
STREET ADDRESS **3120 LANSEND CT**
CITY-ST-ZIP **KISSIMMEE FL**4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SD CARMEN MORALES**
4.3 STREET ADDRESS **831 W. BIRCHWOOD CL**
4.4 CITY-ST-ZIP **KISS FL. 34743**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: **MARTIN GARCIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-97 846-6324

Date

Daytime Phone # **0070042**

CR2E037 (9/96)