## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400006362 (7)

CENTRO CRISTIANO TABERNACULO DE LA UNCION, INC.

Principal Place of Business Mailing Address 1615 ELMSTEAD CT. P.O. BOX 450817 3. Date Incorporated or Qualified ORLANDO FL 32824 KISSIMMEE FL 34745-0817 12/30/1994 4. FEI Number Applied For 65-0527041 Not Applicable Principal Place of Business \$8.75 Additional CENTO Cristian Tabonado incien 5. Certificate of Status Desired CENTO CRISTIANO Tabanocolo Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? ISSIMMER Yes □ No Country 8. This corporation owes or has paid the current year Intangible Ovanse 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDINO, RAUL Street Address (P.O. Box Number is Not Acceptable) 1615 ELMSTEAD CT. 83 ORLANDO FL 32824 Zip Code 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 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 registered agent. I am larilliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change NAME ANDINO, RAUL 1.2 NAME STREET ADDRESS 632 FLORAL DRIVE 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE VPD 2.1 TITLE ☐ Change Addition NAME ANDINO, ELIZABETH 2.2 NAME 632 FLORAL DRIVE STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE NAME GARCIA, MARTIN 3.2 NAME STREET ADDRESS 1705 TAHITI PLACE 3.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change \_\_\_ Addition 4.1 TITLE NAME MORALES, CARMEN 4.2 NAME STREET ADDRESS 831 W. BIRCHWOOD CL 4.3 STREET ADDRESS KISSIMMEE FL CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITI F DELETE Change Addition 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 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 charged, or on an attachment with an address.

**₩OUIRED**