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Secretary of State

03-02-1999 90084 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000006362					
1. Corporation Name CENTRO CRISTIANO TABERNACULO DE LA UNION, INC.					
Principal Place of Business CENTRO CRISTIANO TABERNACULO DE LA UNION 1615 ELMSTEAD CT ORLANDO FL 32824 US			Mailing Address CENTRO CRISTIANO TABERNACULO DE LA UNCON 1132 AVE E DONEGAN KISSIMMEE FL 34745 US		



2. Principal Place of Business 21 <i>Centro Cristiano Tabernaculo de la Union</i> Suite, Apt. #, etc. 22 <i>P.O. Box 450817</i>		2a. Mailing Address 26 <i>Centro Cristiano Tabernaculo de la Union</i> Suite, Apt. #, etc. 27 <i>P.O.B 450817</i>		3. Date Incorporated or Qualified 12/30/1994	
City & State 23 <i>Kissimmee FL</i>		City & State 28 <i>Kiss FL</i>		4. FEI Number 65-0527041	
Zip 24 <i>34745-0817</i>		Country 25 <i>osceola</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29 <i>34745-0817</i>		Country 30 <i>osceola</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ANDINO, RAUL 1615 ELMSTEAD CT. ORLANDO FL 32824				10. Name and Address of New Registered Agent 81 Name <i>Centro Cristiano Tabernaculo de la Union</i> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDINO, RAUL	1.2 NAME	
STREET ADDRESS	632 FLORAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDINO, ELIZABETH	2.2 NAME	
STREET ADDRESS	632 FLORAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARTIN	3.2 NAME	
STREET ADDRESS	1705 TAHITI PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	SD - T.D. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, CARMEN	4.2 NAME	
STREET ADDRESS	831 W. BIRCHWOOD CL	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E037 (11/98)