

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 03 1996 8:00 am
Secretary of State

DOCUMENT # **N95000001432 (2)**

1. Corporation Name

IGLESIA EL CORDERO DE DIOS DE LAKELAND, INC.



Principal Place of Business

Mailing Address

**1919 E. EDGEWOOD DRIVE
LAKELAND FL 33803**

**1919 E. EDGEWOOD DRIVE
LAKELAND FL 33803**

3. Date Incorporated or Qualified
03/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 **1127 E. Lemon St**

2a. Mailing Address

26 **P.O. Box 1479**

4. FEI Number

☒ 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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Lakeland, Fl. 33801**

City & State

28 **Eaton Park, Fl. 33840**

Zip

24 **33801**

Country

25 **Polk**

Zip

29 **33840**

Country

30 **Polk**

9. Name and Address of Current Registered Agent

**MARCANO, LEONARDO R
210 LAKE HOLLINGSWORTH DRIVE
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name **AGUSTIN JIMENEZ**

82 Street Address (P.O. Box Number is Not Acceptable)
1906 E. CALHOUN ST

83 **PLANT CITY, FL. 33566**

84 City

FL

85 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 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

AGUSTIN JIMENEZ - D-

Agustin Jimenez

MARCH 26, 1996

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 **PD** ☒ DELETE
NAME **MARCANO, LEONARDO R**
STREET ADDRESS **210 LAKE HOLLINGSWORTH DRIVE STE. 401**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **SD** ☐ DELETE
NAME **SANTIAGO, MIRIAM**
STREET ADDRESS **6232 THOUSAND OAK DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **TD** ☐ DELETE
NAME **GARCIA, JOSE M**
STREET ADDRESS **421 MAYAGUEZ ROAD**
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☐ DELETE
NAME **RAMOS, TRINIDAD**
STREET ADDRESS **1927 KIMBALL COURT**
CITY-ST-ZIP **SO. LAKELAND FL 33813**

TITLE **D** ☐ DELETE
NAME **JIMENEZ, AGUSTIN**
STREET ADDRESS **1906 E. CALHOUN ST.**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **PD**
6.3 STREET ADDRESS **MANGUAL, ISIDRO**
6.4 CITY-ST-ZIP **2706 N. WILDER RD
PLANT CITY, FL. 33565**

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 199.07(3)(b), 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:

Agustin Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)