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FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
DIVISION OF CORPORATIONS

DOCUMENT # N95000001432
1. Corporation Name
Iglesia El Cordero de Dios de Lakeland, Inc.

Principal Place of Business Mailing Address
1211 New Jersey Road P.O. Box 1479
Lakeland, FL 33801 Lakeland/Eaton Park,
Florida 33840

2. Principal Place of Business 2a. Mailing Address
21 1211 New Jersey Rd. 26 P.O. Box 1479
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lakeland, FL 28 Lakeland, Eaton Park, FL
Zip Country Zip Country
24 33801 25 USA 29 33840 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
March 27, 1995 March 20, 1996
4. FEI Number Applied For
EIN 59-3306085 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
Plant City FL 85 Zip Code
33566

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
Plant City FL 85 Zip Code
33566

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* DATE: 6.20/97
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	President / D	<input checked="" type="checkbox"/> DELETE
NAME	Rev. Isidro Mangual	
STREET ADDRESS	2706 N. Wilder Rd.	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Agustin Jimenez	
1.3 STREET ADDRESS	1906 E. Calhoun st.	
1.4 CITY-ST-ZIP	Plant City, FL 33566	
2.1 TITLE	Treasurer / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Trinidad Ramos	
2.3 STREET ADDRESS	1927 Kimball ct. s.	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
3.1 TITLE	Secretary / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Miriam Santiago	
3.3 STREET ADDRESS	838 Morning View, Lakeland, FL 33813	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Trinidad Ramos* DATE: 3-28-97 941-644-9698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trinidad Ramos 3/28/97 941 644-9698

CR2E037 (9/96)