SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name N95000003170 (6)

Principal Place of Business	
1209 CENTER STREET	

FILED Sep 18 1997 8:00am Secretary of State

IGLES!	A CRISTIANA NUEVA	VIDA, INC.									
Principal Place	e of Business	Mailing Addres	s				L 4001/10/ 0/0 40/0/ \$1/1/ 80/1/ 00/1/ 1		99 (919) (1E)) (1		
1209 CENTER STREET 1209 CENTER STREET OCOCE FL 34761 1209 CENTER STREET		REET									
						-	3. Date Incorporated or Qualified		SPACE te of Last R	tenort	1
							07/05/1995		05/16/199		ŀ
2. Principal P	lace of Business	2a. Mailing Add	ress				4. FEI Number		Ar	oplied For]
21		26				\dashv	59-3359642			ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			1	5. Certificate of Status Desired	77	\$8.75 A	Additional equired	
City & State	9	City & State				+	6. Election Campaign Financing			May Be	1
23		28					Trust Fund Contribution		Added]
Zip	Country	Zip		Country	′		8. This corporation owes or has pa	_			
24	25	29 Current Registered Agent	30	1			Personal Property Tax due June 10. Name and Address of New Re			No	4
	9, Name and Address of	Current Hegistered Agent		81	Name		10. Name and Address of New Ne	Alaretec s	igent		┨
MAYADA	A TOUGHA A									<u> </u>	
MAYORGA, AUGUST C 553 IRIS STREET				82 Street Ad		ddres	s (P.O. Box Number is Not Acceptab	le)			
	NTE SPRINGS FL 32714			83							1
				84	City			FL	85 Zip (Code	1
SIGNATURE							ation submits this statement for the p 's board of directors. I hereby accep	urpose of of the appo	changing it changing it changing as	ts registered registered	
	Signature, typed or printed name of regi	ERS AND DIRECTORS			ent signatura j		when reinstating)	DATE	DIDECTOR	20 11 20	}_
12. TITLE	PP OFFICE			.1 TITLE			DADDITONS/CHANGES TO OFFICE	EHS AND	Change	Addition	84
NAME	PLUGUEZ, LUIS A			.2 NAME		DIK	805 HOLLESTER RO	4 1)		/	1.
STREET ADDRESS	479 WRUST ROAD		1.	3 STREET		-		19			F037
CITY-ST-ZIP	OCOEE FL	· .	1	4 CITY - S			LANDO, FC	_			ß
TITLE	T	D	ELETE 2.	1 TITLE	<u>-</u>	SEC	RETARY		Change	Addition	C
NAME	GUADAMUZ, MYRIAM	_	. 2	2 NAME		Apo.	NTE, MARIA			•	
STREET ADDRESS	1083 N. CIRCLE COUR	Τ			ADDRESS	28	NTE MARIA to pine hills re	A CA	PTHI	2	
CITY+ST-ZIP	WINTER GARDEN FL			4 CITY-	ST-ZIP	OA	CANDO, FLORID	<u> 4 3</u>	<u> 2008</u>	Addition	}
TITLE	AT DADA DOCALINDA	X		1 TITLE					C clanfe	L_J Actor(con	
NAME STREET ADDRESS	ESTRADA, ROSALINDA 3519 SUMMER HEAVEN	I I ANE		2 NAME	ADDRESS						
CITY-ST-ZIP	APOPKA FL	1 DANE	5 -	.4. CITY - :	1						1
TITLE	D			.1 TITLE	31-211				Change	Acidition	1
NAME	MARTINEZ, MILAGROS		4.	2 NAME							l
STREET ADDRESS	412 LITTLE SPRINGS H	IILS			ADDRESS						
CITY-ST-ZIP	OCOEE FL	_	4.	4 CITY-S	ST-ZIP						l
TITLE	D	X		1 TITLE					Change	Addition	1
NAME	ADAME, RAUL	<i>(</i> .	-	.2 NAME							1
STREET ADDRESS	333 E. LAFAYETTE STF	REET	5.	.9 STAEET	ADDRESS						1
CITY-ST-ZIP	<u>Win</u> ter Garden FL			4 CITY - S	ST-ZiP					·	J
TITLE	D		ELETE 6.	1 TITLE	T				☐ Change	☐ Addition	
NAME	DIAZ, MARIA		6.	2 NAME	Į						
STREET ADDRESS	188805 HOLLESTER RO	DAD	6.	.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL	and the state of t		4 CITY-S		-4d !-	Section 110 07/2V/V Elected Statute	. 1610			4

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.