

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

DOCUMENT # N95000005845 (1)

1. Corporation Name

IGLESIA DE DIOS MONTE HOREB, INC.



Principal Place of Business

**18 S. MARKET BLVD.
WEBSTER FL 33597**

Mailing Address

**18 S. MARKET BLVD.
WEBSTER FL 33597**

3. Date Incorporated or Qualified

12/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3373649

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

22

27

23

28

24

Country

Country

Zip

Country

Zip

Country

Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RILEY~~
**CHARLENE T
278 N. MARKET BLVD.
WEBSTER FL 33597**

CORRECTION ONLY →

61

Name **RILEY,**

62

Street Address (P.O. Box Number is Not Acceptable)

63

64

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENAVIDES, CRISTOBAL	
STREET ADDRESS	10518 C.R. 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENAVIDES, EMILIA	
STREET ADDRESS	10518 C.R. 746-A	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARLOS J	
STREET ADDRESS	P.O. BOX 1415	<i>113 SHILOH ST.</i>
CITY-ST-ZIP	LADY LAKE FL 32159	
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		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T MICHAEL J. HARRIS
1.3 STREET ADDRESS	23 S.E. 1ST AVENUE
1.4 CITY-ST-ZIP	WEBSTER, FL 33597
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T IRENE BENAVIDES
2.3 STREET ADDRESS	10610 CR 746-A
2.4 CITY-ST-ZIP	Webster, FL 33597
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T NALO CEBALLOS
3.3 STREET ADDRESS	10610 CR 746-A
3.4 CITY-ST-ZIP	WEBSTER, FL 33597
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	800001882688
5.3 STREET ADDRESS	-07/03/96--01018--026
5.4 CITY-ST-ZIP	***61.25
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cristobal Benavides*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **02-10-96**
Daytime Phone #: **(352) 568-0902**

CR2E037 (12/95)