FILE NOW: FILING FEE IS $61.25

FILED
Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
18 S. MARKET BLVD. WEBSTER FL 33597	18 S. MARKET BLVD. WEBSTER FL 33597-4706

3. Date Incorporated or Qualified: **12/12/1995**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

9. **Name and Address of Current Registered Agent**

RILEY, CHARLENE T
276 N. MARKET BLVD.
WEBSTER FL 33597

10. **Name and Address of New Registered Agent**

81 Name

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

83

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENAVIDES, CRISTOBAL		1.2 NAME	
STREET ADDRESS	10518 C.R. 746-A		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENAVIDES, EMILIA		2.2 NAME	
STREET ADDRESS	10518 C.R. 746-A		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, CARLOS J		3.2 NAME	
STREET ADDRESS	113 SHILOH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, MICHAEL J		4.2 NAME	
STREET ADDRESS	23 SE 1 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BENAVIDES, IRENE		5.2 NAME	
STREET ADDRESS	10610 CR 746-A		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CEBALLOS, NALO		6.2 NAME	
STREET ADDRESS	10610 CR 746-A		6.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: MICHAEL J. HARRIS Michael J. Harris 01-07-97 (352) 793-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046737