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Apr 06 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000841 (4)**

1. Corporation Name

**LA SENDA ANTIGUA (PENTECOSTAL CHURCH OF THE OLD PATH) OF NAPLES, INCORPORATED**

Principal Place of Business

Mailing Address

**986 COCONUT CIR. W.  
NAPLES FL 33942**

**986 COCONUT CIR. W.  
NAPLES FL 33942**



3. Date Incorporated or Qualified

**02/19/1996**

4. FEI Number **05-0822360**

Applied For

**APPLIED FOR**

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 6020 Radio rd.**  
Suite, Apt. #, etc.

**26 986 Coconut Cir. w.**  
Suite, Apt. #, etc.

**22 Naples, Florida**  
City & State

**27 Naples, Florida**  
City & State

**23**

**28**

Zip Country

Zip Country

**24 34104**

**25 Collier**

**29 34104**

**30 Collier**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, JAMES C JR.  
STEWART & STORTER, ATTORNEYS AT LAW  
2121 COUNTRY RD. 951, STE. 101  
GOLDEN GATE FL 33999**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIVERA, REVEREND W</b>	
STREET ADDRESS	<b>986 COCONUT CIR. W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ORTIZ, ANTONIO</b>	
STREET ADDRESS	<b>2896 48TH TER. S.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 33999</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DONES, JOSE R</b>	
STREET ADDRESS	<b>988 GROVES RD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 33984</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIVERA, LEIDA J</b>	
STREET ADDRESS	<b>986 COCONUT CIR. W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	
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	<b>PRESIDENT, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RIVERA, REVEREND W.</b>	
1.3 STREET ADDRESS	<b>986 COCONUT CIR. W.</b>	
1.4 CITY-ST-ZIP	<b>NAPLES, FL. 34104</b>	
2.1 TITLE	<b>VICE PRESIDENT, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GARCIA, BASILIO</b>	
2.3 STREET ADDRESS	<b>6712 RIVER ROAD</b>	
2.4 CITY-ST-ZIP	<b>TAMPA FL. 33615</b>	
3.1 TITLE	<b>SECRETARY, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MENDEZ, DAISY</b>	
3.3 STREET ADDRESS	<b>10107 TIMBER OAK</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL. 33615</b>	
4.1 TITLE	<b>TREASURER, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ROSARIO, FRANCISCO JR.</b>	
4.3 STREET ADDRESS	<b>176 OSPREYS LNDNG. 703</b>	
4.4 CITY-ST-ZIP	<b>NAPLES, FL. 34104</b>	
5.1 TITLE	<b>MISSIONS PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MENDEZ, LUIS</b>	
5.3 STREET ADDRESS	<b>10107 TIMBER OAK</b>	
5.4 CITY-ST-ZIP	<b>TAMPA, FL. 33615</b>	
6.1 TITLE	<b>MISSIONARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>RIVERA, JUAN</b>	
6.3 STREET ADDRESS	<b>986 COCONUT CIR. W.</b>	
6.4 CITY-ST-ZIP	<b>NAPLES, FL. 34104</b>	

14. I 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

*William Rivera* 1-31-98 (1941)643-3187

CR2E037 (10/97)