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Mar 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002170

1. Corporation Name
IGLESIA DE CRISTO: LIBRES POR LA VERDAD, INC.

Principal Place of Business 20151 NW 67TH AVE. MIAMI FL 33015	Mailing Address 20151 NW 67TH AVE. MIAMI FL 33015
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/22/1996	4. FEI Number 65-0703844 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIGUEROA, EUGENIO 1984 NW 179 AVE. PEMBROKE PINES FL 33029				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZELAYA, RAINEL	1.2 NAME	GIDRIA CONTRERAS
STREET ADDRESS	7331 ARTHUR ST	1.3 STREET ADDRESS	7080 N.W. 179ST #205
CITY-ST-ZIP	HOLLYWOOD FL 33029	1.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	TABRAUE, JOSE	2.2 NAME	
STREET ADDRESS	13745 NW 1 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33168	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RIVERA, HERIBERTO	3.2 NAME	
STREET ADDRESS	20523 NW 47 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL CITY FL 33055	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CARRILLO, DORIS	4.2 NAME	
STREET ADDRESS	18921 NW 77 CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	PATEL, ANA L	5.2 NAME	
STREET ADDRESS	510 NW 108 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	RODRIGUEZ, MIGDALIA	6.2 NAME	
STREET ADDRESS	6722 NW 193 LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date: 2/8/99 Daytime Phone #: 305/470-6861

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