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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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DIVISION OF CORPORATIONS

1997

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IGLESIA CASA DEL ALFARERO, INC.

Principal Place of Business Mailing Address P.D. Box 593533 5000 HOFFNER AVENUE 5838 HOFFNER AVENUE ORLANDO FL 82822-4015 ORLANDO FL 32822 Orlando, FL Date Incorporated or Qualified 04/23/1996 3a. Date of Last Report 32859-3533 Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country ZiD Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALVAREZ, ROCHESTER A Street Address (P.O. Box Number is Not Acceptable) 62 220 APPLEWOOD COURT 83 KISSIMMEE FL 34743 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE ☐ DELETE 1.1 TITLE Change ALVAREZ, ROCHESTER A NAME 1.2 NAME **5838 HOFFNER AVENUE** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32822 1.4 CITY - ST - ZIP DITY-ST-7/P Addition DELETE ☐ Change TITLE 2.1 TITLE RIVERA, IRMA 2.2 NAME NAME 5838 HOFFNER AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32822 CITY - ST - ZIP 2. 4 City - St - ZiP ☐ DELETE Change Addition 3.1 TITLE TITLE LOPEZ, MARISOL NAME 3.2 NAME **5838 HOFFNER AVENUE** STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32822 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

SIGNATURE: Malbal Haldenhold I Treative Secretary 03/03/97. (407)888-9927

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 an officer or director of the corporation or the receiver or frustee 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.