## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State >>
DIVISION OF CORPORATIONS

1997

**DOCUMENT** #

N96000002557 (4)

IGLESIA PENTECOSTAL UNIDA DEL NOMBRE DE JESUS IN C.

Principal Place of Business

Mailing Address

## FILED May 20 1997 8:00am Secretary of State



10505 SW 6TH MIAMI FL 33174		10505 SW 6TH ST. MIAMI FL 33174-1620							
					3. Date Incorporated or Qualified 05/14/1996	3a. Date	of Last R	leport	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	T Ar	oplied For	
21 10505 SW. 6 St. 26 SaME					<u> </u>		No	ot Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  22 Mio. 1 27					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & State         City & State           23         28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country Zip Cou				у	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes				
		ent Registered Agent	==1		10. Name and Address of New Reg				
Ğ			81	Name		<del></del>	•		
IADOLUNI ANGELA D					60 Characteristic (D.O. D. 1) - 1 - 1 - 1 - 1 - 1 - 1				
10505 SW 6TH ST.				82 Street Address (P.O. Box Number is Not Acceptable) 83					
MIAMI FL 33174				<b>;</b>					
			: 84	1		FL	1 1 '	Code	
11. Pursuant to the provisions of Socieous 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 for notify 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.									
12.		rdent Nictor M gont and link if applicable (NOTE ND DIRECTORS		ent signature req	Quired when reinstating)	DATE	711-1	7	
TITLE .	DP OFFICERS A	DELETE	13. 1.1701E	<u>-</u>	ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change		
NAME	JARQUIN, VICTOR M	□ ottett	1	j		L	_ Change	Addition	
STREET ADDRESS	AREAE AND ATTLEAT		1.2 NAME						
CITY-ST-ZIP	ANALUS AASA			1 ADDRESS				1'	
TITLE			2.5 THLE	51 - ZIP			Change	Addition	
NAME	JARQUIN, VICTOR I		2.2 NAME			_		L. J Addition	
STREET ADDRESS	AAPAE ANI ATIL AT			T ADDRESS					
CITY-ST-ZIP	181414 71 00474		2. 4 CHTY-						
TITLE			3.1 TITLE	01 211			Change	Addition	
NAME	Tanasans assessed a		3.2 NAME		•				
STREET ADDRESS	ARRAE OUL ATIL OT		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33174		3.4 C(1)	S1-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - 8	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5 4 CITY-8	ST-ZIP			<b></b>		
TITLE		☐ DELETE	6.1 THILE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS	/		6 3 \$1REE1	ADDRESS					
CITY-ST-ZIP	NV pastific that the	-1. 6t 4.1. en	6 4 C/TY - S	ST - ZIP					
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 conforation 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 klock 13 if Changett or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name									