

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90035 030 \*\*\*\*66.25

2021012

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000003055

1. Corporation Name  
IGLESIA PENTECOSTAL EL MILENIO, INC.

Principal Place of Business 1117 US 1 NORTH SEBASTIAN FL 32958 US	Mailing Address 456 WATERCREST ST SEBASTIAN FL 32958 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/07/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0695082
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BATISTA, MARCOS REV. 456 WATERCREST ST SEBASTIAN FL 32958		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	ALfredo Flores <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATISTA, MARCOS REV	1.2 NAME	1684 Ash 6020 Circle
STREET ADDRESS	456 WATERCREST STREET	1.3 STREET ADDRESS	PALM BAY, FL 32909
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATISTA, EVELYN	2.2 NAME	
STREET ADDRESS	456 WATERCREST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, FROILAN	3.2 NAME	
STREET ADDRESS	641 NOBLES STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, MARIA	4.2 NAME	
STREET ADDRESS	456 WATERCREST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JUDY	5.2 NAME	
STREET ADDRESS	2025 S.W. 7 CT. STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANDA, ROSA	6.2 NAME	
STREET ADDRESS	2026 S.W. 7 CT. STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	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: Marcos Batista SIGNATURE REQUIRED May 12, 1999 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)