FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600003271 (1)

FILED Mar 13 1998 8:00am Secretary of State

IGLESIA DE CRISTO CENTRO MIAMI, INC.								
Principal Place	e of Business	Mailing Address				- 1 100 TINES BUD IBIND BUND QQUU QBERI DBERE BB	iri ablad iiila iibii	AND DE SERE PORT
1425 NW 36TH MIAMI FL 33142	- -	1425 NW 36TH ST MIAMI FL 33142				3. Date Incorporated or Qualified 06/19/1996 4. FEI Number Applied For		
						65-0680719	1	Not Applicable
Principal Place of Business 1		2a. Mailing Address 26			Certificate of Status Desired Sa.75 Additional Fee Required			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State		City & State				7. Is this nonprofit corporation a homeowners association?		
23		28				☐ Yes 🔀 No		
Zip	Country	Zip Country			8. This corporation owes or has paid the current year Intangible			
24	9. Name and Address of Current Registered Age		30			Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent		
	S. Name and Address of Current	Hegistered Agent	81	II Na	me	TO. Italiio and Address of New Registo	ion Wheiir	
FLORES ANTONIO D								
FLORES, ANTONIO D 121 OCEAN DR			82	82 Street Address (P.O. Box Number is Not Acceptable)				
APT 105			83	1				
1 ,,, , ,,,	EACH FL 33139		84	Cit	,		85 Zip	Code
							FL	
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)								
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	FLORES, ANTONIO D		1.2 NAME					
STREET ADDRESS	121 222 11 21 12 12		1.3 STREE	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-	_	a		[dohana	Addition
TITLE	D CLARES MOTOR M	DELETE	2.1 TITLE			the service man	Change	LI AUGILION
RAME	FLORES, VICTOR M		2.2 NAME			MORES, VICTOR M		
STREET ADDRESS	2845 NW 22 AVE, #4 MIAMI FL 33142			2.3 STREET ADORESS 2. 4 CITY - ST - ZIP		Flores, Victor M 4140 s.w. 60 ct. Miami, Fh. 33155		
CITY-ST-ZIP	D D	☐ DELETE	2. 4 GHY-		D	Miam: FW. 30133	☑ Change	Addition
NAME	RUIZ, ROBERTO		3.2 NAME		1	D. Pahata		-
STREET ADDRESS	15620 NE 4 CT		3.3 STREE		ss	Ruiz Roberto		
CITY-ST-2IP	N MIAMI BEACH FL 33162		3.4. CITY-	·ST-ZIP		Mani, Fb. 33135		
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	RETUERCE, CARLOS		4, 2 NAME	E				
STREET ADDRESS	1680 NW 28 AVE		4.3 STREE	T ADDRI	ss			
TITLE		DELETE	5.1 TITLE		- 		☐ Change	Addition
NAME		DECENT.	5.2 NAME				i cuanto	אסטאוטוז ב
STREET ADDRESS			5.3 STREE		20			
CITY-ST-ZIP	<u> </u>		5.4 CITY-					
TITLE		DELETE	6.1 TITLE		-		☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRE	ss			
CITY-ST-ZIP		(A) ((a)	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.								

Folmeron 11/08

205-674-0210