AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 29 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012562

DOCUMENT # N96000004110 (0)

1. Corporation Name

IGLESIA LA GLORIA DE JESUCRISTO, INC.

Principal Place of Business	Mailing Address
8601 SW 199 ST MIAMI FL 33189 US	8601 SW 199 ST MIAMI FL 33189 US

3. Date Incorporated or Qualified: 08/06/1996
4. FEI Number: 65-0686589 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 8601 SW 199 ST Miami Fl 33189
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CUADRA, SILVIO I
12410 SW 199 ST
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name: Silvio Ivan Cuadra
82 Street Address (P.O. Box Number is Not Acceptable): 12410 SW 199 ST
83 Miami Fl 33177
84 City: Miami FL 85 Zip Code: 33177

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: Irma Salmeron — 10-17-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: CUADRA, SILVIO IVAN STREET ADDRESS: 12410 SOUTHWEST 199 STREET CITY-ST-ZIP: MIAMI FL 33177	☐ DELETE	☐ Change ☐ Addition Same
TITLE: SD NAME: ROCHA, TESSALIA STREET ADDRESS: 12410 SOUTHWEST 199 STREET CITY-ST-ZIP: MIAMI FL 33177	☐ DELETE	☐ Change ☐ Addition Same
TITLE: TD NAME: FLETES, RAFAEL STREET ADDRESS: 12410 SOUTHWEST 199 STREET CITY-ST-ZIP: MIAMI FL 33177	☐ DELETE	☑ Change ☐ Addition TD Irma Salmeron 4721 NW 7 ST Apt #405 #12 Miami Fl 33126
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	☐ Change ☐ Addition

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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.

SIGNATURE: Silvio Ivan Cuadra — 8-1-98 — (305) 232-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)