

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 16 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N96000004325 (4)**

1. Corporation Name  
**IGLESIA CRISTIANA PENIEL, INC.**



Principal Place of Business      Mailing Address  
**7441 TAM O'SHANTER BLVD.  
MARGATE FL 33608**      **7441 TAM O'SHANTER BLVD.  
MARGATE FL 33068-3665**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/19/1996**      **1-6-97**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0695744</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>GARCIA, LUIS 7441 TAM O'SHANTER BLVD. MARGATE FL 33608</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	<b>FL</b>

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, LUIS</b>	1.2 NAME	
STREET ADDRESS	<b>7441 TAM O'SHANTER BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33608</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELENDEZ, DIONISIO</b>	2.2 NAME	
STREET ADDRESS	<b>785 ROCK ISLAND ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTO, MANUEL</b>	3.2 NAME	
STREET ADDRESS	<b>7170 N.W. 6TH COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELENDEZ, CARMEN</b>	4.2 NAME	
STREET ADDRESS	<b>785 ROCK ISLAND ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, GERARDO</b>	5.2 NAME	
STREET ADDRESS	<b>7200 N.W. 5TH PLACE APT. 103</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRIOS, SECUNDINO</b>	6.2 NAME	
STREET ADDRESS	<b>6605 WINFIELD BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	6.4 CITY-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 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: Luis Garcia - President      1-6-97- 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 220-5731

CR2E037 (9/96)