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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004959 (0)**

1. Corporation Name

CONCILIO PENTECOSTAL DE DIOS, INC.

Principal Place of Business

Mailing Address

**239 RED MAPLE PLACE
BRANDON FL 33510**

**P.O. BOX 151501
ALTAMONTE SPRINGS FL 32715-1501
US**

3. Date Incorporated or Qualified

08/25/1996

4. FEI Number

59-3401717

Applied For

Not Applicable

2. Principal Place of Business

21 860 ORIENTA AVE.

Suite, Apt. #, etc.

22 #D

City & State

23 ALTAMONTE SPRINGS, FL.

Zip

24 32701

Country

25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIGUEROA, SAMUEL REV.
860 ORIENTA AVE. #D
ALTAMONTE SPRINGS FL 32701**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **FIGUEROA, SAMUEL REV.**
STREET ADDRESS **860 ORIENTA AVENUE, #D**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **STD** ☐ DELETE
NAME **FIGUEROA, RUTH M**
STREET ADDRESS **860 ORIENTA AVENUE, #D**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☐ DELETE
NAME **FIGUEROA, JUAN**
STREET ADDRESS **239 RED MAPLE PLACE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **JUAN FIGUEROA**
1.3 STREET ADDRESS **CALLE 26 L10 VILLA ROCA**
1.4 CITY-ST-ZIP **MUROVIS, P.R. 00687**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **REV. RAFAEL BATISTA**
2.3 STREET ADDRESS **112 ANDERSON PL. APT 2**
2.4 CITY-ST-ZIP **BUFFALO N.Y. 14222**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: **Rev. Rafael Batista**

2-20-98 (407)332-5341

CR2E037 (10/97)