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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004959

1. Corporation Name

CONCILIO PENTECOSTAL DE DIOS, INC.

Principal Place of Business

860 ORIENTA AVE
#D
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

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



2. Principal Place of Business

21 **859 Ballard St Apt I**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **Altamonte Springs FL**

27 City & State

23 **32701**

28 Zip

24 Country

29 Country

25 Country

30 Country

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

59-3401717

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Rev. Samuel Figueroa**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **859 Ballard St. Apt. I**

84 City **Altamonte Springs**

FL

85 Zip Code **32701**

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

TITLE **PD** ☐ DELETE

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 **CALLE 26 LO VILLA ROCA**

CITY-ST-ZIP **MOROVIS PU 00687**

TITLE **D** ☒ DELETE

NAME **BATISTA, REV. R**

STREET ADDRESS **112 ANDERSON PLACE APT 2**

CITY-ST-ZIP **BUFFALO NY 14222**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Figueroa, Juan Rev.**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-98

107-894-5791

CR2E037 (11/98)