SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Aug 27 1998 8:00am

Secretary of State

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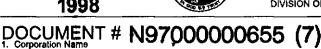
Daytime Phone #

Secretary of State **DIVISION OF CORPORATIONS**

1998

CITY-ST-ZIP

SIGNATURE:



IGLESIA PABELLON PENTECOSTAL DE LUZ Y VIDA, INC.

Principal Place of Business Malling Address 4005 BERLIN COURT 3. Date Incorporated or Qualified 51 SEMORAN BLVD ORLANDO FL 32822 ORLANDO FL 32807 02/06/1997 4. FEL Number Applied For Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 763 CURRY FORD Rd. Fee Required Suite, Apt. #, etc. Sulte, Apt. #. etc. \$5.00 May Be Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowner association? Yes No Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ayala, angel l 82 Street Address (P.O. Box Number is Not Acceptable) **4005 BERLIN COURT** 83 ORLANDO FL 32822 84 City **65** 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE 1.1 TITLE DResident Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF 2.1 TITLE TITLE DELETE NAME 2.2 NAME Desigsus Hadilla STREET ADDRES 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF TITLE 3.1 TITLE DELETE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE MERCEd 4.2 NAME NAME ESS TREE COURT STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change Addition DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE __ DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP I nereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(if, 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 chapters, or on an attachment with amaderess.

IG OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section