

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

AMMENDED ANNUAL REPORT

DOCUMENT # N 9700000879

1 Corporation Name
 IGLESIA HISPANA EL MANA DE CIELO, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV 15 PM 2:30

Principal Place of Business
 2804 GERONIMO DRIVE
 CRESTVIEW, FL, 32539

Mailing Address
 2804 GERONIMO DRIVE
 CRESTVIEW, FL, 32539

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 *****61.25 *****61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee is charged for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STT	BROWN, LILIA A	2804 GERONIMO DRIVE	CRESTVIEW, FL, 32539
DT	CABAN, MIGDALIA	208 WALKER CIRCLE	CRESTVIEW, FL, 32539
PD	SALVIN, LUIS	10 FLEET STREET	FORT WALTON BEACH, FL, 32548

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LILIA A. BROWN 2804 GERONIMO DRIVE CRESTVIEW, FL, 32539		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lilia A. Brown Date: NOV 10/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Lilia A. Brown 26-OCT-99 850-683-0062
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 LILIA A. BROWN

CR2E001 (12/96)