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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000001969

1. Corporation Name
IGLESIA CRISTIANA RESPLANDECE, INC.

Principal Place of Business	Mailing Address
4518 DEL PRADO BLVD. UNITS 3 & 4 CAPE CORAL FL 33904	4518 DEL PRADO BLVD. UNITS 3 & 4 CAPE CORAL FL 33904

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/08/1997

4. FEI Number
65-0782390
Applied For
Not Applicable

5. Certificate of Status Desired ■ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DENIS, ROSA M
4518 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name DENIS, ROSA M.
82 Street Address (P.O. Box Number is Not Acceptable) 4518 DEL PRADO BLVD (3 & 4)
83
84 City CAPE CORAL - FL. FL 85 Zip Code 33904

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	DENIS, ROSA M	1.2 NAME	DENIS, ROSA M.
STREET ADDRESS	604 S.E. 10 ST.	1.3 STREET ADDRESS	604 S.E. 13 ST
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VPD ☐ DELETE	2.1 TITLE	D LEDO ADA MARIA ☒ Change ☐ Addition
	LEDO, ANA MARIA	2.2 NAME	
ADDRESS	108 N.W. 56 AVE.	2.3 STREET ADDRESS	604 SE 13 St
ST ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
	S ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
	CASTANO, MARIA ELENA	3.2 NAME	DT CASTANO MARIA ELENA
ADDRESS	1602 S.W. 19 TERR.	3.3 STREET ADDRESS	1602 SW 19 Terr
ST ZIP	CAPE CORAL FL 33991	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33991
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
ADDRESS		4.3 STREET ADDRESS	
ST ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
ADDRESS		5.3 STREET ADDRESS	
ST ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
ST ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 ROSA M. DENIS 1/27/99 941-772-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #