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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matheny Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002699 (3)

1. Corporation Name

CENTRO EVANGELISTICO VIDA ETERNA, INC.

Principal Place of Business

Mailing Address

149-D SPRINGWOOD CIRCLE
LONGWOOD FL 32750

P.O. BOX 0946
LONGWOOD FL 32752-0946

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

59-3449608

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

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 N/A

10. Name and Address of New Registered Agent

SARMIENTO, EUGENIO
149-D SPRINGWOOD CIRCLE
LONGWOOD FL 32750

81 Name

N/A

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TREASURER/SECRETARY/DIRECTOR

☐ Change ☒ Addition

1.2 NAME

MAYRA NIEVES

1.3 STREET ADDRESS

4531 ARDIE ST

1.4 CITY - ST - ZIP

ORLANDO, FLORIDA 32812

2.1 TITLE

VOCAL/MUSICAL DIRECTOR

☐ Change ☒ Addition

2.2 NAME

FELIPE NIEVES

2.3 STREET ADDRESS

4531 ARDIE ST

2.4 CITY - ST - ZIP

ORLANDO, FLORIDA 32812

3.1 TITLE

PRESIDENT - DIRECTOR

☐ Change ☒ Addition

3.2 NAME

EUGENIO SARMIENTO

3.3 STREET ADDRESS

149-D - SPRINGWOOD CIR.

3.4 CITY - ST - ZIP

LONGWOOD FL. 32750

4.1 TITLE

VICE PRESIDENT - DIRECTOR

☐ Change ☒ Addition

4.2 NAME

JILMA I. SARMIENTO

4.3 STREET ADDRESS

149-D SPRINGWOOD CIR.

4.4 CITY - ST - ZIP

LONGWOOD FL. 32750

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: *Eugenio Sarmiento* 915 QUIET Eugenio Sarmiento, Pastor, 1-12-98 (407) 826-7149

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