

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90018 016 \*\*\*\*61.25

**DOCUMENT # N97000003719**

1. Corporation Name

**IGLESIA JESUCRISTO VIENE PRONTO, INC.**

Principal Place of Business

**210 NE 38 STREET  
#15  
FORT LAUDERDALE FL 33334**

Mailing Address

**210 NE 38 STREET  
#15  
FORT LAUDERDALE FL 33334**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**06/27/1997**

4. FEI Number

**65-0767262**

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

**RODRIGUEZ, ALBERTO J PASTOR  
210 NE 38 STREET  
#15  
FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

**81** Name

**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 **PD** ☐ DELETE

NAME **RODRIGUEZ, ABLERTO J**  
STREET ADDRESS **210 NE 38 STREET, #215**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **V** ☐ DELETE

NAME **RODRIGUEZ, MARGARITA**  
STREET ADDRESS **210 NE 38 STREET, #215**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **D** ☐ DELETE

NAME **ALVAREX, LORENZA**  
STREET ADDRESS **210 NE 38 STREET, #215**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **T** ☒ DELETE

NAME **POSSE, ANA MARIA**  
STREET ADDRESS **950 LAWERS CIRCLE**  
CITY-ST-ZIP **DEL RAY BEACH FL 33044**

TITLE **S** ☐ DELETE

NAME **GONZALEZ, NURIS**  
STREET ADDRESS **7541 GRANDVIEW**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ DELETE

NAME **GONZALEZ, RADHAMES**  
STREET ADDRESS **7541 GRANDVIEW**  
CITY-ST-ZIP **MIRAMAR FL 33023**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**ALBERTO GUTIERREZ** ☒ Change ☐ Addition  
**3761 NE 11 AVE Apt. West.**  
**OAK PARK FL 33334**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (11/98)

0039503