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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DIVISION OF COR

DOCUMENT # N9700003774

Corporation Name

MINISTERIO IRINEO MARTIN GRUBERT, INC.

Principal Place of Business 4909 MONARCH LANE KISSIMMEE FL 34743 Mailing Address

4909 MONARCH LANE KISSIMMEE FL 34743

34746

FILED Mar 09, 1999 8:00 am § Secretary of State

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-							
2. Principal Pl	rincipal Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed 07/01/1997			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22	, , , , , , , , , , , , , , , , , , , ,	27			59-3480649	No	t Applicable
City & State	•	City & State			5. Certificate of Status Desired	\$8.75 A	
23 Zin	Country	Zip	Country	, <u> </u>	6. Election Campaign Financing	\$5.00	May Bo
コダンマム	/6 [25]	— · -	30		Trust Fund Contribution	Added to	
24 3957	9. Name and Address of Curren		30 _]		10. Name and Address of New Registere		
	o. Haile and Address of Culter	t itagistara y gant	81	Name			
00/10501	- IOILEA LI		82				
GRUBERT, IRINEO M				Street Add	ress (P.O. Box Number is Not Acceptable)		
1610 WOOD VIOLET DRIVE				 		·	
ORLANDO	O FL 32824		83				
			84	"	F		
11. Pursuant office or reagent. I as	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statute: of Florida. Such change was au tions of, Section 617.0503, Flori	s, the abov thorized by da Statutes	e-named con the corporat s.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its ointment as req	registered jistered
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTE:	Registered Age	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	☐ Additio
NAME	GRUBERT, IRINEO M		1.2 NAME				
STREET ADDRESS	1610 WOOD VIOLET DRIVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		1.4 CITY-5	ST-ZIP	·		
TITLE	D , .	☐ DELETE	2.1 TITLE		•	Change	☐ Addition
NAME	KRUGER, MANFRED M		2.2 NAME		ar a		
STREET ADDRESS	14716 LÁGUNA BEACH CIRCL	E	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		2. 4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	31 TITLE			☐ Change	Addition Addition
NAME	GRUBERT, MARIA		3.2 NAME			,	
STREET ADDRESS	1610 WOOD VIOLET DRIVE		3.3 STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		3.4. CITY-				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition Addition
NAME	GRUBERT, ANDRE H		4. 2 NAME				
STREET ADDRESS	1610 WOOD VIOLET DRIVE			T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		4.4 CITY-5	- 1			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Additio
NAME			5.2 NAME	j			
STREET ADDRESS			5.3 STREE	TADORESS			
	4		5.4 CITY-1				
CITY-ST-ZIP TITLÉ	*	[] DELETE	6.1 TITLE			Change	Additio
	· · · · · · · · · · · · · · · · · · ·	_	6.2 NAME				
NAME			1	TADORESS			
STREET ADDRESS			6.3 STREE				
,			= KACDV-1	STATIO I			

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 pame appearance in Block 12 or Block 13 if ghanged, or organ attachment with an address, with all other like empowered.

SIGNATURE: JUNE MISSION OF SHAPE OF SIGNING OFFICER OF DIFFER OF SHAPE OF SIGNING OFFICER OF DIFFER OF DIFFER OF DIFFER OF SIGNING OFFICER OF DIFFER DIFFER OF DIFFER DIFFER

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