

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 04 1998 8:00am
Secretary of State

001231

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004909 (4)

1. Corporation Name

IGLESIA PENTECOSTAL DE JESUCRISTO EL RENUEVO INC

Principal Place of Business

1058 MILDRED DIXON WAY
WINTER GARDEN FL 34787

Mailing Address

1058 MILDRED DIXON WAY
WINTER GARDEN FL 34787

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MALDONADO, HECTOR REV
1058 MILDRED DIXON WAY
WINTER GARDEN FL 34787

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	NAME <input type="checkbox"/> DELETE
NAME	1058 Mildred Dixon Way
STREET ADDRESS	Winter Garden FL 34787
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> DELETE
NAME	T ROSA A. Ortiz
STREET ADDRESS	1058 Mildred Dixon
CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	NAME <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY-ST-ZIP	2.2 NAME
2.1 TITLE	2.3 STREET ADDRESS
2.2 NAME	2.4 CITY-ST-ZIP
2.3 STREET ADDRESS	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	3.2 NAME
3.1 TITLE	3.3 STREET ADDRESS
3.2 NAME	3.4 CITY-ST-ZIP
3.3 STREET ADDRESS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP	4.2 NAME
4.1 TITLE	4.3 STREET ADDRESS
4.2 NAME	4.4 CITY-ST-ZIP
4.3 STREET ADDRESS	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	5.2 NAME
5.1 TITLE	5.3 STREET ADDRESS
5.2 NAME	5.4 CITY-ST-ZIP
5.3 STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP	6.2 NAME
6.1 TITLE	6.3 STREET ADDRESS
6.2 NAME	6.4 CITY-ST-ZIP
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:

Hector Maldonado / Rosa A. Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)