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Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004909

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



2. Principal Place of Business 21 1058 Mildred Dixon Way Suite, Apt. #, etc. 22 Winter Garden City & State 23 Florida Zip 24 34787		2a. Mailing Address 26 1058 Mildred Dixon Way Suite, Apt. #, etc. 27 Winter Garden, FL City & State 28 Florida Zip 29 34787		3. Date Incorporated or Qualified 08/27/1997 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MALDONADO, HECTOR REV 1058 MILDRED DIXON WAY WINTER GARDEN FL 34787				10. Name and Address of New Registered Agent 81 Name Hector Maldonado 82 Street Address (P.O. Box Number is Not Acceptable) 1058 Mildred Dixon Way 83 Winter Garden 84 City FL 85 Zip Code 34787	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDMADO, HECTOR	1.2 NAME	Hector Maldonado
STREET ADDRESS	1058 MILDRED DIXON WAY	1.3 STREET ADDRESS	1058 Mildred Dixon Way
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, ROSA A.	2.2 NAME	Ortiz, ROSA A.
STREET ADDRESS	1058 MILDRED DIXON WAY	2.3 STREET ADDRESS	1058 Mildred Dixon Way
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, DELIA	3.2 NAME	Cruz Delia
STREET ADDRESS	2607 COVENTRY LANE	3.3 STREET ADDRESS	2607 Coventry Lane
CITY-ST-ZIP	OCFEE FL 34761	3.4 CITY-ST-ZIP	OCFEE, FL 34761
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99

Date

656-8053

Daytime Phone #

CR2E037 (1/98)