CR2E037 (11/98)

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9700005170

1. Corporation Name

IGLESIA LA VOZ DE LA PIEDRA ANGULAR INC.

Principal Place of Bu
829 CASTLE WAY
LAKELAND EL 33803

2. Principal Place of Business

Mailing Address 829 CASTLE WAY LAKELAND FL 33803

2a. Mailing Address



02-19-1999 90017 019 \*\*\*\*61.25



3. Date incorporated or Qualifed

Suite, Ap	1 # at-	26			09/11/1997	
22	i. #, <del>d</del> ic.	Suite, Apt. #, etc.			4. FEI Number Applied For	
City & Sta	ate	City & Ctaty			APPLIED FOR Not Applicable	
23		City & State			5. Certificate of Status Desired \$8.75 Additional	
Zip	Country	Zip			Fee Required	
24	25	F-3	Country 30		6. Election Campaign Financing \$5.00 May Be	
	9. Name and Address of Current I	Registered Agent	<u> </u>		Irust Fund Contribution Added to Fees	
			81	Name	10. Name and Address of New Registered Agent	
RIVERA I	RIVERA, MILTON JR.				·	
829 CASTLE WAY				Stree	eet Address (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33803						
			84	City	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 agent, or both, in the State of Florida. Such change was authorized by the corporations beard of directors above 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.						
10 11/4 D						
SIGNATURE Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	***	☐ Change ☐ Addition	
NAME	RIVERA, MILTON JR.		1.2 NAME			
STREET ADDRESS	DEG OVER 11VI		1.3 STREET	ADDRESS	SS	
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-ST	ZIP		
TITLE	DS	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	RIVERA, MARIA M		2.2 NAME		3	
STREET ADDRESS	ALO OLIGIEE MINI		2.3 STREET	ADDRESS	ss	
CITY-ST-ZIP	LAKELAND FL 33803		2.4 CITY-ST	-ZIP	• •	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	RIVERA, NANCY V		3.2 NAME			
STREET ADDRESS	4021 PRAIRIE BEND LN.		3.3 STREET A	ODRESS	is	
CITY-ST-ZIP	LAKELAND FL 33813		3.4. CITY-ST-	ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
	RIVERA, GIL ALBERTO		4. 2 NAME		•	
	4021 PRAIRIE BEND LN.	į	4.3 STREET A	DDRESS	s	
C/TY-ST-ZIP	LAKELAND FL 33813		4.4 CITY-ST-	ZIP		
	D CONTRACTOR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
	RIVERA, SAMUEL		5.2 NAME			
	934 GOLDEN RULE S. CT.		5.3 STREET A	, i	\$	
CITY-ST-ZIP TITLE	LAKELAND FL 33813		5.4 CITY-ST-2	21P		
NAME		☐ DELETE	6.1 TITLE	ł	☐ Change ☐ Addition	
_			6.2 NAME			
STREET ADDRESS			6.3 STREET A		;	
CITY-ST-ZiP 14. I hereby co	ertify that the information supplied with th	s filing does not	6.4 CITY-ST-Z	אני		

indicated on this annual report or supplied with this filling 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 suppliemental 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.