

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005835 (0)

1. Corporation Name

IGLESIA CRISTIANA DE DELTONA (DISCIPLES OF CHRIS
T) INC.

Principal Place of Business

Mailing Address

1595 ENTERPRISE OSTEEN RD
ENTERPRISE FL 32725

1595 ENTERPRISE OSTEEN RD
ENTERPRISE FL 32725

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

59-3420362

Applied For

Not Applicable

2. Principal Place of Business

21 1596 Enterprise Osteen

2a. Mailing Address

26 1596 Enterprise Osteen

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

CORTES, DAVID
2972 PORTSMOUTH ST
DELTONA FL 32738

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

David Cortes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/98
DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Ana Quinonez
STREET ADDRESS 3012 Etta Cr
CITY-ST-ZIP Deltona, 32738
☒ DELETE

TITLE Treasurer
NAME Myrta Inserni
STREET ADDRESS 1906 E. Cooper Dr
CITY-ST-ZIP Deltona, 32725
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Moderator (D)
1.2 NAME Ernesto Cortes
1.3 STREET ADDRESS 2921 Portsmouth St.
1.4 CITY-ST-ZIP Deltona, 32738
☐ Change ☒ Addition

2.1 TITLE Treasurer (D)
2.2 NAME Hector Rodriguez
2.3 STREET ADDRESS 3114 Lynnhaven St.
2.4 CITY-ST-ZIP Deltona, 32738
☐ Change ☒ Addition

3.1 TITLE Financial Secretary (D)
3.2 NAME America Reyes
3.3 STREET ADDRESS 714 Preston Ave
3.4 CITY-ST-ZIP Deltona, FL 32738
☐ Change ☐ Addition

4.1 TITLE Trustees (T)
4.2 NAME Angel Garcia
4.3 STREET ADDRESS 3339 Ronald St.
4.4 CITY-ST-ZIP Deltona, FL 32738
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

America Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/98

860-3594

CR2E037 (5/98)

FILED
Sep 02 1998 8:00am
Secretary of State

