


FILE NOW: FILING FEE IS \$61.25

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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90055 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005835					
1. Corporation Name IGLESIA CRISTIANA DE DELTONA (DISCIPLES OF CHRIST) INC.					
Principal Place of Business 1596 ENTERPRISE OSTEEN ENTERPRISE FL 32725 US			Mailing Address 1596 ENTERPRISE OSTEEN ENTERPRISE FL 32725 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3420362	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORTES, DAVID 2972 PORTSMOUTH ST DELTONA FL 32738				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 _____
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	MD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTES, ERNESTO	1.2 NAME	
STREET ADDRESS	2921 PORTSMOUTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HECTOR	2.2 NAME	
STREET ADDRESS	3114 LYNNHAVEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	2.4 CITY-ST-ZIP	
TITLE	FSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, AMERICA	3.2 NAME	
STREET ADDRESS	714 PRESTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ANGEL	4.2 NAME	
STREET ADDRESS	3339 RONALD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	4.4 CITY-ST-ZIP	
TITLE		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		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: Hector Rodriguez 1/6/99 (407) 325-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)