

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000006728 (6)**

1. Corporation Name

IGLESIA PENTECOSTAL HOSANNA, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 2316 NE 2ND AVE MIAMI FL 33137 | 2316 NE 2ND AVE MIAMI FL 33137 |

| | |
|--|---|
| 3. Date Incorporated or Qualified 12/03/1997 | |
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---------------------------------------|
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | |
| LUIS, SANTANA REV. 2316 NE 2ND AVE MIAMI FL 33137 | |

| | |
|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|--------------------------------|
| TITLE | NAME |
| PD | SANTANA, LUIS REV. |
| STREET ADDRESS | 2316 NE 2ND AVE |
| CITY-ST-ZIP | MIAMI FL 33137 |
| <input type="checkbox"/> DELETE | |
| TITLE | NAME |
| D | HORQUE, FERMIN REV. |
| STREET ADDRESS | 680 NW 78TH ST, APT 242 |
| CITY-ST-ZIP | MIAMI FL 33138 |
| <input checked="" type="checkbox"/> DELETE | |
| TITLE | NAME |
| D | QUAZO, VICTOR REV. |
| STREET ADDRESS | 425 NE 32ND ST, APT 3 |
| CITY-ST-ZIP | MIAMI FL 33137 |
| <input type="checkbox"/> DELETE | |
| TITLE | NAME |
| | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | |
| TITLE | NAME |
| | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | D |
| 2.3 STREET ADDRESS | DISOTUAR, HILDE REV. |
| 2.4 CITY-ST-ZIP | 10431 SW 151 TER. MIAMI, FL. 33176 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 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 _____ DATE **11/13/98** (130) 871-0709

CR2E037 (10/97)