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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700006908

1. Corporation Name

THE IGLESIA HOSANNA INC. OF THE CHRISTIAN AND MI SSIONARY ALLIANCE

Principal Place of Business

Mailing Address

306 W LANCASTER ROAD ORLANDO FL 32809

2590 JR STREET ORLANDO FL 32839

FILED Apr 26, 1999 8:00 am Secretary of State

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Suite, Apt. #, etc. Suite, Ap	2. Principa Pla	ace of Business	2a. Mailing Address		3: Date incorporated or Qualifed		
Secretary Secr			ESTK ODKS	DR. 12/11/1997			
City & State 23	Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				
28	22		27		59-3430317		
28	City & State	•			5. Certificate of Status Desired	- 1	
9. Name and Address of Current Registered Agent SANTIAGO, CARLOS 2590 J. R.STREET ORLANDO FL 32839 31 Only S.T. LOLD FL 38 STIPE COAKS 2590 J. R.STREET ORLANDO FL 32839 32 SI year Andress (P.O. Box Number is Not Acceptable) 32 SI year Andress (P.O. Box Number is Not Acceptable) 32 SI year Andress (P.O. Box Number is Not Acceptable) 32 SI year Andress (P.O. Box Number is Not Acceptable) 32 SI year Andress (P.O. Box Number is Not Acceptable) 32 SI year Andress (P.O. Box Number is Not Acceptable) 32 SI year Andress (P.O. Box Number is Not Acceptable) 32 SI year Andress (P.O. Box Number is Not Acceptable) 33 SI year Andress (P.O. Box Number is Not Acceptable) 34 City S.T. LOLD FL 38 STIPE COAKS 32 SI year Andress (P.O. Box Number is Not Acceptable) 35 SI year Andress (P.O. Box Number is Not Acceptable) 36 SI year Andress (P.O. Box Number is Not Acceptable) 37 SI year Andress (P.O. Box Number is Not Acceptable) 38 SI year Andress (P.O. Box Number is Not Acceptable) 38 SI year Andress (P.O. Box Number is Not Acceptable) 39 Joseph year (P.O. Box Number is Not Acceptable) 30 Joseph year (P.O. Box Number is Number in Year (P.O. SI year) 31 Joseph year (P.O. SI year) 32 Joseph year (P.O. SI year) 32 Joseph year (P.O. SI year) 33 Joseph year (P.O. SI year) 34 Joseph year (P.O. SI year) 34 Joseph year (P.O. SI year) 35 Joseph year (P.O. SI yea	28 ST. CLOU.D,		,FL	o. Oblinosio of outdo posicio	Fee Required		
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SANTIAGO, CARLOS 2590 J. R.STREET ORLANDO FL 32839 4 City S.T. CLOLD FL 85 Zip Code 3.2 City S.T. ClolD FL 85 Zip Code 3	Name and Address of Current Registered Agent 10. Name and Address of Naw Registered Agent						
2590 J. R.STREET ORLANDO FL 32839 84			PEDRO BRULL				
ORLANDO FL 32839 ## City S.T. CLOW FL #85 Zip Code ## City S.T. CLOW FL #85 Zip Code ## Syden to the provisions of \$4.ctions 617,0502 and 617,1508. Florida Statutes the above-named corporation submit shis statement for the purpose of changing his registered agent agent of the manifest with a submitted and statutes. ## City S.T. CLOW FL #85 Zip Code ## Syden to the provisions of \$4.ctions 617,0502 and 617,1508. Florida Statutes the above-named corporation submit shis statement for the purpose of changing his registered agent and manifest agent and agent agent agent agent agent and agent agent agent agent and agent	SANTIAGO, CARLOS				Address (P.O. Box Number is Not Acceptable)	2.0	
ORLANDO FL 32839 B4 City S.T. C. D. L. ST. St. Zip Code S.4.7771 The pursuant to the provisions of \$1,0502 and \$17,0502 and \$17,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing his explosived office or registered agent and families with a submitted by the corporation's board of directors. I hereby accept the aprointment as registered office or registered agent and families with a submitted by the corporation's board of directors. I hereby accept the aprointment as registered office or registered agent and families with a submitted by the corporation's board of directors. I hereby accept the aprointment as registered office or registered agent agent with a families with a submitted by the corporation's board of directors. I hereby accept the aprointment as registered office or registered agent agent with a families with a submitted by the corporation's board of directors. I hereby accept the aprointment as registered office or registered agent agent with a families with a submitted by the corporation's board of directors. I hereby accept the aprointment as registered office or registered office or registered of the provisions of \$2.60 in the provisions of \$3.50 in the corporation's board of directors. I hereby accept the aprointment as registered office or registered of the provisions of statutes. In the provisions of statutes and the provisions of statutes and the provisions of statutes. In the provisions of statutes and the provisions of statutes. In the purpose of changing its exploration. In the provisions of statutes. In the purpose of changing its exploration. In the purpose of changing i	2590 J. R.STREET				2.61 MAJESTIC OAKS	<u> </u>	
1. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florida Statutes, the above-named exponention submit is his statement for the purpose of changing its registered agent. I am familiar with an exposition of support of firm the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the app ointment as registered agent	1 6						
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SIGNATURE	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						
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CITY-ST-ZP ORLANDO FL 32839	NAME	SANTIAGO, CARLOS		1.2 NAME	BRULL, PEDRO	\ <u>a</u>	
TTILE	STREET ADDRESS	2590 JR ST		1.3 STREET ADDRESS			
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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: