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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006908

1. Corporation Name

THE IGLESIA HOSANNA INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE

Principal Place of Business

306 W LANCASTER ROAD
ORLANDO FL 32809

Mailing Address

2590 JR STREET
ORLANDO FL 32839

1 4 1 7 8 4 *
417014 - 90161 - 45



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

12/11/1997

4. FEI Number

59-3430317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SANTIAGO, CARLOS
2590 J. R. STREET
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name

PEDRO BRULL

82 Street Address (P.O. Box Number is Not Acceptable)

3261 MAJESTIC OAKS DR.

83

84 City

ST. CLOUD

FL

85 Zip Code

34771

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

04/20/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SANTIAGO, CARLOS
STREET ADDRESS 2590 JR ST
CITY-ST-ZIP ORLANDO FL 32839 ☒ DELETE

TITLE TD
NAME CARMENATE, JOSE
STREET ADDRESS 719 GALS WORTHY AVE
CITY-ST-ZIP ORLANDO FL 32309 ☐ DELETE

TITLE VD
NAME CRUZ, DOMINGO
STREET ADDRESS 618 SUAN JUAN BLVD
CITY-ST-ZIP ORLANDO FL 32307 ☒ DELETE

TITLE SD
NAME CABAN, JOSE
STREET ADDRESS 3109 SANDY SHORE LN
CITY-ST-ZIP KISSIMMEE FL 34741 ☒ DELETE

TITLE D
NAME ALVAREZ, HAROLD
STREET ADDRESS 2696 LA ALAMEDA AVE
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ DELETE

TITLE D
NAME LAUREANO, MARIA
STREET ADDRESS 2003 SHANNON LAKE CT
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME BRULL, PEDRO
1.3 STREET ADDRESS 3261 MAJESTIC OAKS DR.
1.4 CITY-ST-ZIP ST. CLOUD FL 34771

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME SANTIAGO, CARLOS
3.3 STREET ADDRESS 1675 NESTLE WOOD TL.
3.4 CITY-ST-ZIP ORLANDO, FL 32837

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME OLIVO, PEDRO
4.3 STREET ADDRESS 5332 MILL STREAM DR.
4.4 CITY-ST-ZIP ST. CLOUD FL 34771

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/99

CR2E037 (11/98)

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