

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 SEP 30 PM 1:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000002864

1. Corporation Name
 IGLESIA DE CRISTO "SU PODER EN ACCION" CORP.

Principal Place of Business: 719 PRADO CIRCLE, BIG COPPITT FL 33040
 Mailing Address: 719 PRADO CIRCLE, BIG COPPITT FL 33040



21. Principal Place of Business 719 Prado Circle Suite, Apt. #, etc.	2a. Mailing Address 3330 Northside Dr. #402	3. Date Incorporated or Qualified 05/19/1998
22. City & State Big Coppitt, FL	27. City & State Key West, FL	4. FEI Number 65-0871178
23. Zip 33040	28. Zip 33040	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country USA	29. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MIRANDA, LUCIANO 719 PRADO CIRCLE BIG COPPITT FL 33040	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
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, LUCIANO	12 NAME	
STREET ADDRESS	719 PRADO CIRCLE	13 STREET ADDRESS	800003006328--5
CITY-ST-ZIP	BIG COPPITT FL 33040	14 CITY-ST-ZIP	-10/05/99--01101--011
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	***\$61.25 ***\$61.25
NAME	CRESPO DE MIRANDA, ELBA	2.2 NAME	
STREET ADDRESS	719 PRADO CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIG COPPITT FL 33040	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ARIEL	3.2 NAME	
STREET ADDRESS	719 PRADO CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIG COPPITT FL 33040	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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. 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]* Date: 8-25-99 Daytime Phone #

0002988

CR2E037 (5/99)