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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000002938

1. Corporation Name
IGLESIA MANA PARA SIEMPRE INC.

Principal Place of Business	Mailing Address
2535 PARK DRIVE SANFORD FL 32773	2535 PARK DRIVE SANFORD FL 32773

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/22/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3496841 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VALENTIN, JOHN BARRY REV.
2824 NEWMARK DRIVE
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name: VALENTINE, JOHN BARRY REV.
82 Street Address (P.O. Box Number is Not Acceptable): 405 CEDAR CREEK CIR
83
84 City: SANFORD FL 85 Zip Code: 32771

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: REV. JOHN B. VALENTINE — Rev. John B. Valentine — 4/11/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE CARMEN VALENTIN 405 CEDAR CREEK CIR SANFORD FL 32771	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition DIRECTOR CARMEN VALENTINE 405 CEDAR CREEK CIR SANFORD FL 32771 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE JACOB KHOURY 2838 EMPIRE PLACE SANFORD, FL 32771	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition DIRECTOR JACOB KHOURY 2838 EMPIRE PL SANFORD, FL 32773 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE AGENT REV. JOHN VALENTINE 405 CEDAR CREEK CIR SANFORD FL 32771	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition REV. JOHN VALENTINE DIRECTOR 405 CEDAR CREEK CIR SANFORD FL 32771 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: REV. JOHN B. VALENTINE — 4/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #