


FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90013 051 ****61.25
 04-25-1999 90013 052 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003096 1. Corporation Name IGLESIA PENTECOSTAL ESPIRITU SANTO, INC.					
Principal Place of Business 285 MARION OAKS LANE OCALA FL 34473			Mailing Address 15249 SW 39 CIR OCALA FL 34473		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Quotified	
21	Suite, Apt. #, etc.		26	05/27/1998	
22		27		4. FEI Number	
City & State		City & State		59-3488965	
23		28		5. Certificate of Status Desired	
Zip		Zip		X	
24		29		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE LA ROSA, ANDRES 15249 SW 39 CIR OCALA FL 34473				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SECRETARY (DIRECTOR)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STINY M. MANDELA			1.2 NAME	MARIA M. DELA ROSA		
STREET ADDRESS	36474 SW 13 ST			1.3 STREET ADDRESS	15249 SW 39 CIR		
CITY-ST-ZIP	OCALA FL 34473			1.4 CITY-ST-ZIP	OCALA FL 34473		
TITLE	ELDER	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DEACON (DIRECTOR)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rafael Mendez			2.2 NAME	Juan Ruiz		
STREET ADDRESS	13439 SW 31st CT			2.3 STREET ADDRESS	2790 SW 143 ST		
CITY-ST-ZIP	OCALA FL 34473			2.4 CITY-ST-ZIP	OCALA FL 34473		
TITLE	DEACON	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Pastor Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Ruth Mendez			3.2 NAME	Myriam Ruiz		
STREET ADDRESS	13439 SW 31st CT			3.3 STREET ADDRESS	15249 SW 39 CIR		
CITY-ST-ZIP	OCALA FL 34473			3.4 CITY-ST-ZIP	OCALA FL		
TITLE	DEACON	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NORBERTO RIVERA			4.2 NAME	Andres Dela Rosa		
STREET ADDRESS	14547 SW 30th CT			4.3 STREET ADDRESS	15249 SW 39 CIR		
CITY-ST-ZIP	OCALA FL 34473			4.4 CITY-ST-ZIP	OCALA FL 34473		
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)(l), 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: Myriam Ruiz **REQUIRED** 4-1-99 (352) 347-0516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declared Public

CR2E037 (1/98)