

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90149 005 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000003469**

1. Corporation Name

**IGLESIA CRISTIANA CANDELERO DE ORO, INC.**

Principal Place of Business

**801 HUNTINGTON PLACE  
ORLANDO FL 32803**

Mailing Address

**801 HUNTINGTON PLACE  
ORLANDO FL 32803**



2. Principal Place of Business

**21 400 S. Orlando Ave.**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

3. Date Incorporated or Qualified

**06/15/1998**

Suite, Apt. #, etc.

**22 Maitland, Fl 32857-4102**

Suite, Apt. #, etc.

4. FEI Number

**59-3514700**

Applied For

Not Applicable

City & State

**23**

City & State

**28**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip Country

**24** **25**

Zip Country

**29** **30**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

**BORRERO, ELISEO  
801 HUNTINGTON PLACE  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 *Eliseo Borrero*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/19/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Director**  
STREET ADDRESS **Eliseo Borrero**  
CITY-ST-ZIP **801 Huntington Pl.  
Orlando, FL 32807**

TITLE ☐ DELETE

NAME **Directora**  
STREET ADDRESS **Rita Tirado**  
CITY-ST-ZIP **5500 Round Lake Dr.  
Apopka, FL 32712**

TITLE ☐ DELETE

NAME **Director**  
STREET ADDRESS **Rafael Figueroa**  
CITY-ST-ZIP **9309 Springvale Dr.  
Orlando, FL 32718**

TITLE ☐ DELETE

NAME **Ines Nieves-Director**  
STREET ADDRESS **1542 SilverSmith Pl.**  
CITY-ST-ZIP **Orlando, FL 32818**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Eliseo Borrero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/99**

**(407) 277-3844**

CR2E037 (1/1/98)