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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.
Maitland, Fl 32857-4102

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

59-3514700

Applied For

Not Applicable

22 City & State

23

28 City & State

24 Zip Country

25

28 Zip Country

29

30

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

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	Director	<input type="checkbox"/> DELETE
NAME	Eliseo Borrero	
STREET ADDRESS	801 Huntington Pl.	
CITY-ST-ZIP	Orlando, Fl 32807	
TITLE	Directora	<input type="checkbox"/> DELETE
NAME	Rita Tirado	
STREET ADDRESS	5500 Round Lake Dr.	
CITY-ST-ZIP	Apopka, Fl 32712	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Rafael Figueroa	
STREET ADDRESS	9309 Springvale Dr.	
CITY-ST-ZIP	Orlando, Fl 32718	
TITLE	Ines Nieves-Director	<input type="checkbox"/> DELETE
NAME	1542 SilverSmith Pl.	
STREET ADDRESS	Orlando, FL 32818	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eliseo Borrero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 (407) 277-3844
Date Daytime Phone #

CR2E037 (1/1/98)