
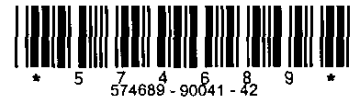


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90191 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000003687
 1. Corporation Name
IGLESIA CRISTO TE AMA INC.



Principal Place of Business 1900 SR 64 W. AVON PARK FL 33825	Mailing Address 4221 CAPRI ST. SEBRING FL 33872
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2s. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date incorporated or Qualified 06/22/1998	4. FEI Number 59-3520824 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 GARCIA, CANDIDO 4221 CAPRI ST. SEBRING FL 33872	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	+ Hilda E. Cardona <input type="checkbox"/> DELETE	1.1 TITLE	+ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilda E. Cardona	1.2 NAME	Rev Candido Garcia
STREET ADDRESS	2330 Jackson Heights Dr	1.3 STREET ADDRESS	4221 Capri St
CITY-ST-ZIP	Sebring Fl. 33872	1.4 CITY-ST-ZIP	Sebring, Fl. 33872
TITLE	+ MARIA T. de la Rosa <input type="checkbox"/> DELETE	2.1 TITLE	+ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA T. de la Rosa	2.2 NAME	Hilda E. Cardona
STREET ADDRESS	901 S. Florida Ave Apt 17	2.3 STREET ADDRESS	2330 Jackson Heights Dr
CITY-ST-ZIP	Avon Park, Fl. 33825	2.4 CITY-ST-ZIP	Sebring, Fl. 33870
TITLE	+ Balinda Hernandez <input type="checkbox"/> DELETE	3.1 TITLE	+ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Balinda Hernandez	3.2 NAME	MARIA T. de la Rosa
STREET ADDRESS	812 Forsyth St	3.3 STREET ADDRESS	901 S. Florida Ave Apt 17
CITY-ST-ZIP	Sebring Fl. 33872	3.4 CITY-ST-ZIP	Avon Park, Fl. 33825
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; 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: Candido Garcia Date: 4-27-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)