FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am § Secretary of State

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DOCUMENT #	N98000003943	

1. Corporation Name

IGLESIA PENTECOSTAL ARCA EVANGELICA 2000, INC.

Principal Flace of Business	Mailing Address	
P.O. BOX 3946	P.O. BOX 5946	
SPRING HILL FL 34611	SPRING HILL FL-34611	-

2. Principal Place of Business 2a. Mailing Address	3. Date Incorporated or Qualifed
21/5531 CORTE) BLYD 26	07/06/1998
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. FEI Number Applied For
	No: Applicable
City & State City & State City & State City & State	5. Certifcate of Status Desired \$8.75 Additional Fee Required
Zip Country Zip Cou 24 3 46/3 25 HERNAND 2 29 30	ntry 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name
DIAZ, JUAN	82 Street A Idress (P.O. Bo (Number is Not Acceptable)
10238 BRENTLAWN ST. SPRING HILL FL 34608	83
	84 City E 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 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 a scept the obligations of, Section 617.0503, Florida Statutes.

agent. I a	Transmar with, and a soopt the obligations of a second					
SIGNATURE	Signature, typed or printed name of registered agen, and title if applicable	(NOTE: Re	egistered Agent signature re	equired when reinstating DAT	<u> </u>	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	3 AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change	Addition
NAME	DIAZ, JUAN		12 NAME			
STREET ADDRESS	10238 BRENTLAWN ST.	l	1.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34608		1.4 CITY-ST-ZIP			
TITLE	DS	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	CLAUDIO, IRMA		2.2 NAME			
STREET ADDRÉSS	13001 OSPREY AVE.		2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	BROOKSVILLE FL 34614		2. 4 CITY-ST-ZIP			
TITLE	DT	DELETE	3.1 TITLE		Change	☐ Addition
NAME	DIAZ, MARIA		3.2 NAME			
STREET ADDRESS	10238 BRENTLAWN ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34608		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			ĺ
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition]
NAME			5.2 NAME			
STREET ADDRESS	<u> </u>		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ 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:
