

NONPROFIT CORPORATION ANNUAL REPORT 1999

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



FILED

99 OCT 12 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004086

1. Corporation Name
IGLESIA CRISTOCENTRICA UNIDA, INC.

Principal Place of Business Mailing Address
3602 N FLORIDA AVE 3602 N FLORIDA AVE
TAMPA FL 33605 TAMPA FL 33605



21	2. Principal Place of Business 8705 N. 26TH ST Suite, Apt. #, etc.	26	2a. Mailing Address 8705 N. 26TH ST Suite, Apt. #, etc.	3.	Date Incorporated or Qualified 07/13/1998
22	City & State TAM	27	City & State Tampa, FL	4.	FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
23	Zip 33604	28	Country FL	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	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 ROMAN, CARLOS 3602 N FLORIDA AVE TAMPA FL 33605		10. Name and Address of New Registered Agent 01 Name RUTH ROMAN (PRESIDENT) 02 Street Address (P.O. Box Number is Not Acceptable) 8705 N 26TH ST 03 04 City TAMPA FL 85 Zip Code 33604	
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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 Ruth Roman - RUTH E. ROMAN - 10/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	ROMAN, CARLOS 3602 N FLORIDA AVE TAMPA FL 33605	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME RUTH ROMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS 8705 N. 26TH TPA, FL	
CITY-ST-ZIP		1.4 CITY-ST-ZIP 33604	
TITLE V	ROMAN, RUTH 3602 N FLORIDA AVE TAMPA FL 33605	2.1 TITLE VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME DANIEL CRUZ	
STREET ADDRESS		2.3 STREET ADDRESS 8705 N 26TH / TPA, FL	
CITY-ST-ZIP		2.4 CITY-ST-ZIP 33604	
TITLE ---		3.1 TITLE TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME CARLOS ROMAN / TPA, FL	
STREET ADDRESS		3.3 STREET ADDRESS 8705 N. 26TH ST	
CITY-ST-ZIP		3.4 CITY-ST-ZIP 33604	
TITLE		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		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		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: Ruth Roman RUTH ROMAN 9/3/99 (912) 936-2026

CORP-137 (5/00)