

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90133 021 ****61.25

DOCUMENT # N98000004383

1. Corporation Name

IGLESIA PENTECOSTAL JESUCRISTO ES AMOR, INC.

445008 - 90133 - 21

Principal Place of Business

1152 SW 8 STREET
MIAMI FL 33130

Mailing Address

1152 SW 8 STREET
MIAMI FL 33130



2. Principal Place of Business

21 1135 NW 22 Ave

2a. Mailing Address

26 1035 NW 22 Ave

3. Date Incorporated or Qualified
07/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number 65-0859846

Applied For
Not Applicable

City & State

23 Miami FL

City & State

28 Miami FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 33125 25 Dade

Zip

Country

29 33125 30 Dade

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROJAS, JOSE ELIAS PASTOR
1152 SW 8 STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Rojas Jose Elias

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

1023 NW 20 St

83

84 City

Miami

85 State

FL

86 Zip Code

33125

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROJAS, JOSE ELIAS
STREET ADDRESS 1152 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE VPD
NAME TORRES, GUILLERMO
STREET ADDRESS 1152 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE SD
NAME SERRANO, SALVADORA D
STREET ADDRESS 1152 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE D
NAME TORRES, DELMY S
STREET ADDRESS 1152 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-99

CR2E037 (11/98)

0029413