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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N98000004496**

1. Corporation Name

**IGLESIA TABERNACULO DE JESUCRISTO H.C., INC.**

Principal Place of Business

**3270 FAIRHAVEN AVE  
KISSIMMEE FL 34746**

Mailing Address

**3270 FAIRHAVEN AVE  
KISSIMMEE FL 34746**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**07/31/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-3528927** Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMOS, ERNESTO  
3270 FAIRHAVEN AVE  
KISSIMMEE FL 34746**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D RAMOS, ERNESTO**  
STREET ADDRESS **3270 FAIRHAVEN AVE**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D CARLOS RIVERA**  
1.3 STREET ADDRESS **2400 SAN CLEMENTE**  
1.4 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ DELETE  
NAME **D RAMOS, RAMONA**  
STREET ADDRESS **3270 FAIRHAVEN AVE**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D RIVERA, CARMEN**  
STREET ADDRESS **2400 SAN CLEMENTE**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D WOLF, ANGELA**  
STREET ADDRESS **4158 CORSAIR AVE**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED: ERNESTO RAMOS 1/16/99 407.931-0138**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)