

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90127 035 ****61.25

05-03-1999 90127 036 *****8.75

DOCUMENT # N98000005104

1. Corporation Name

**INTERNATIONAL ASSOCIATION OF DOCTORS OF THEOLOGY
INC.**

Principal Place of Business

**DR. JESUS SILVA ALAMO
706 TRAILWOOD DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**DR. JESUS SILVA ALAMO
706 TRAILWOOD DRIVE
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business

21 126 EAST COLONIAL DR.

Suite, Apt. #, etc.

22 ORLANDO, FLORIDA

City & State

23 32801 USA

Zip

24

Country

2a. Mailing Address

26 126 EAST COLONIAL DR.

Suite, Apt. #, etc.

27 ORLANDO, FLORIDA

City & State

28 32801 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ALAMO, JESUS D. S
706 TRAILWOOD DRIVE
ALTAMONTE SPRINGS FL 32714**

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

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 ☐ DELETE

**D
NAME ALAMO, JESUS D S
STREET ADDRESS 706 TRAILWOOD DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

**D
NAME PINEIRO, AGUSTIN
STREET ADDRESS 10719 GARDENWOOD RD
CITY-ST-ZIP ORLANDO FL 32837**

TITLE ☐ DELETE

**D
NAME TORRES, ANGEL J
STREET ADDRESS 929 WESSON DR
CITY-ST-ZIP CASSELBERRY FL 32707**

TITLE ☐ DELETE

**D
NAME ORTIZ, RAMON
STREET ADDRESS 14625 LONE EAGLE DR
CITY-ST-ZIP ORLANDO FL 32837**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**D.
NAME NUNEZ, VOLTAIRE
1.2 NAME 8713 CATBRIAR BAY WAY
1.3 STREET ADDRESS ORLANDO, FL. 32829
1.4 CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Dr. Jesus D. Silva Alamo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(407) 246-0038

Daytime Phone #

CR2E037 (11/98)

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