

FILE NOW: FILING FEE IS \$61.25

NCNPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90071 008 ****70.00

DOCUMENT # N98000005497

1. Corporation Name

IGLESIA PENTECOSTAL GETSEMANI, INC.

Principal Place of Business

P.O. BOX 100653
PALM BAY FL 32910

Mailing Address

P.O. BOX 100653
PALM BAY FL 32910



2. Principal Place of Business

21 P.O. Box 100653
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

59-354455

Applied For

Not Applicable

22 City & State

23 Palm Bay, FL

24 32910

25 U.S.A.

27 City & State

28 Palm Bay, FL

29 32910

30 U.S.A.

5. Certificate of Status Desired

X

\$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

HAUCK, TRACY
525 E STRAWBRIDGE AVE, SUITE 5
MELBOURNE FL 32901

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 in name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-16-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VIDAL, SAMUEL

STREET ADDRESS P.O. BOX 100653

CITY-ST-ZIP PALM BAY FL 32910

TITLE D ☒ DELETE

NAME MARTINEZ, MARILYN

STREET ADDRESS P.O. BOX 100653

CITY-ST-ZIP PALM BAY FL 32910

TITLE D ☐ DELETE

NAME VIDAL, HAYDEE

STREET ADDRESS P.O. BOX 100653

CITY-ST-ZIP PALM BAY FL 32910

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

DO NOT ADD

JUAN FELIZIANO

P.O. Box 100653

Palm Bay, FL 32910

D

Jenny Vidal

P.O. Box 100653

Palm Bay, FL 32910

D

Nelson Matos

P.O. Box 100653

Palm Bay, FL 32910

D

Yolanda Agosto

P.O. Box 100653

Palm Bay, FL 32910

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-99

407-950-9458

CR2E037 (11/98)