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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000006273

1. Corporation Name

**IGLESIA CRISTIANA FUENTE DE SALVACION DE BROWARD
INC.**

Principal Place of Business

6991 W. BROWARD BLVD., S-103
PLANTATION FL 33317

Mailing Address

6991 W. BROWARD BLVD., S-103
PLANTATION FL 33317



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/02/1998

4. FEI Number

65-0880094

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

**RODRIGUEZ, RUBEN MR.
6991 W. BROWARD BLVD., S-103
PLANTATION FL 33317**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Pastor ☐ Change ☒ Addition
1.2 NAME Fernando Araujo
1.3 STREET ADDRESS 1711 Whitehall Dr. Apt. 103
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33324

2.1 TITLE Treasurer ☐ Change ☒ Addition
2.2 NAME Manuel Acevedo
2.3 STREET ADDRESS 6724 N.W 62ND St.
2.4 CITY-ST-ZIP Tamarac, FL 33321

3.1 TITLE Clerk ☐ Change ☒ Addition
3.2 NAME Katuska Garcia
3.3 STREET ADDRESS 1711 Whitehall Dr. Apt. 103
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33324

4.1 TITLE Deacon ☐ Change ☒ Addition
4.2 NAME Jenny Acevedo
4.3 STREET ADDRESS 6724 N.W 62ND St.
4.4 CITY-ST-ZIP Tamarac, FL 33321

5.1 TITLE Deacon ☐ Change ☒ Addition
5.2 NAME Rubén Rodriguez
5.3 STREET ADDRESS 7000 N.W 24ct.
5.4 CITY-ST-ZIP Sunrise, FL 33313

6.1 TITLE Deacon ☐ Change ☒ Addition
6.2 NAME Mireya Rodriguez
6.3 STREET ADDRESS 7000 N.W 24ct.
6.4 CITY-ST-ZIP Sunrise, FL 33313

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**

1/22/99 954-316-2212

Date

Daytime Phone #

CR2E037 (11/98)

253451-90037-28
N98 000006273

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 TITLE	Deacon	Addition
7.2 NAME	Felix Gutiérrez	
7.3 STREET ADDRESS	424S.W 12ave. Apt. 303	
7.4 CITY-ST-ZIP	Miami,Fl. 33135	

8.1 TITLE	Deacon	Addition
8.2NAME	Janniree Gutiérrez	
8.3 STREET ADDRESS	424S.W 12 ave. Apt.303	
8.4 CITY-ST-ZIP	Miami, Fl.33135	