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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000006964

1. Corporation Name
IGLESIA PENTECOSTAL UNIDOS EN SU AMOR, INC

Principal Place of Business	Mailing Address
406 NE 14 PLACE CAPE CORAL FL 33909	406 NE 14 PLACE CAPE CORAL FL 33909

2. Principal Place of Business 21 603 Del prado Blvd	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/09/1998
Suite, Apt. #, etc. 22 A	Suite, Apt. #, etc. 27	4. FEI Number 65-0890127 ☐ Applied For ☐ Not Applicable
City & State 23 Cape Coral FL	City & State 28	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip 24 33990 Country 25 hee	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

OSORIO, TOMAS
406 NE 14 PLACE
CAPE CORAL FL 33909

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 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rev. Tomas Osorio (D) 406 NE 14th PL Cape Coral, FL 33909 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Rev. Tomas Osorio (D) 406 NE 14th PL Cape Coral FL 33909 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lucia Osorio (D) 406 NE 14th PL Cape Coral FL 33909 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Lucia Osorio (D) 406 NE 14th PL Cape Coral FL 33909 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jorge L Diaz (D) 1320 E 37th St Cape Coral FL 33904 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Jorge L Diaz (D) 1330 SE 37th St Cape Coral FL 33904 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sandra E Diaz (T) 1320 SE 37th St Cape Coral FL 33904 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Sandra E Diaz (T) 1330 SE 37th St Cape Coral FL 33904 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ida Evans (T) 815 Victoria Drive apt 206 Cape Coral FL 33904 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Eda Evans (T) 815 Victoria Drapt 206 Cape Coral FL 33904 ☐ Change ☑ Addition
~~TITLE~~ / ~~NAME~~ / ~~STREET ADDRESS~~ / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

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 7-30 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #