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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90132 049 \*\*\*\*70.00

DOCUMENT # N98000007062

1. Corporation Name

IGLESIA CAMINO A LA VIDA ETERNA, INC.

Principal Place of Business

1400 SEMORAN BLVD  
ORLANDO FL 32807

Mailing Address

5461 DECATUR ST  
ORLANDO FL 32807

1 6 3 9 6 2 - 9 0 1 3 2 - 4 9 2 \*



2. Principal Place of Business

21 4921 E. COLONIAL DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/14/1998

4. FEI Number

59-3547718

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

City & State

23 ORLANDO, FL

City & State

28

Zip Country

24 32803

25 USA

Zip Country

29

30

9. Name and Address of Current Registered Agent

FUENTES, FRANK  
5461 DECATUR ST  
ORLANDO FL 32807

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 PD  
NAME FUENTES, FRANK  
STREET ADDRESS 5461 DECATUR ST  
CITY-ST-ZIP ORLANDO FL 32807

DELETE

TITLE D  
NAME FUENTES, TERESA  
STREET ADDRESS 5461 DECATUR ST  
CITY-ST-ZIP ORLANDO FL 32807

DELETE

TITLE D  
NAME CRUZ, HAROLD  
STREET ADDRESS 189 DAHLIA CIR VILLAGE  
CITY-ST-ZIP ORLANDO FL 32807

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 (407) 673-1391

CR2E037 (11/98)