FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53438

1. Corporation Name

IGLESIA EL SANTUARIO INC.

Principal Place of Business	Mailing Address
6300 S.O. Dixie Hwy. Suite 205 West Palm Beach Fl. 33405-4300	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 20, 1991
3a. Date of Last Report: 1994
4. FEI Number: 65-0266772 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

Margarita Dicrisci
1563 Bresee Rd.
West Palm Beach 33415
Fl.

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: 500001472905 FL 85 Zip Code: 472905

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dor Margarita Dicrisci
Signature, typed or printed name of registered agent and date executed. (NOTE: Registered Agent signature required when reinstating)

DATE: March 26, 1995

******5.00 ******5.00

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11 TITLE: S d 12 NAME: Aleyda Romero 13 STREET ADDRESS: 509 Aspen Rd. 14 CITY-ST-ZIP: W.P.B. Fl. 33409 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 TITLE: T d 22 NAME: Anthony Dicrisci 23 STREET ADDRESS: 1563 Bresse Rd. W.P.B. 33415 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	31 TITLE: Ad 32 NAME: Otoniel Molina 33 STREET ADDRESS: 461 Alemeda Dr. 34 CITY-ST-ZIP: Palm Spring Fl. 33461 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

500001472905
05/03/95--01054--002
****130.00 ****130.00

500001472905
05/03/95--01054--003
******8.75 ******8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dor Margarita Dicrisci
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

March 26 1995
Date

(407) 968-2033
Daytime Phone #