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Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739159** (2)

1. Corporation Name

**IGLESIA CRISTIANA FUENTE DE PODER, ASAMBLEAS DE DIOS, INC.**

Principal Place of Business

Mailing Address

521 BELVEDERE ROAD  
WEST PALM BEACH FL 33405-1228

P.O. BOX 7004  
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified

05/25/1977

4. FEI Number

59-2367611

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 521 Belvedere Road

26 P.O. Box 7004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Church Buildings

27

City & State

City & State

23 W.P.B. Fla.

28 W.P.B. Fla.

Zip

Country

Zip

Country

24 33405

25 Palm B. County

29 33405

30 P.B.C.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, ADELO  
108 SUN FLOWER CIRCLE  
SUITE 1  
ROYAL PALM BEACH FL 33405

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MURPHY, ADELO  
STREET ADDRESS 108 SUNFLOWER CIRCLE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME MATOS, JOSE  
STREET ADDRESS 5648 ALBERT ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33415

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME PRADO, VARINIA  
STREET ADDRESS 2340 PALMETTO ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33406

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JARA, LEE  
STREET ADDRESS 3566 CHEROKEE AVE.  
CITY-ST-ZIP WEST PALM BEACH FL 33405

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CORTES, OSCAR  
STREET ADDRESS 5855 DE WORWATT PLACE  
CITY-ST-ZIP LAKE WORTH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*

01-18-98

659-6747

CR2E037 (10/97)