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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90065 008 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 739159**

1. Corporation Name

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

Principal Place of Business

521 BELVEDERE ROAD  
CHURCH BUILDINGS  
WEST PALM BEACH FL 33405-1228  
US

Mailing Address

P.O. BOX 7004  
WEST PALM BEACH FL 33405



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/25/1977

4. FEI Number

59-2367611

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

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

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 MURPHY, ADELO  
STREET ADDRESS 108 SUNFLOWER CIRCLE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Betzaida Quiñones  
4.3 STREET ADDRESS 1420 Windorah Way  
4.4 CITY-ST-ZIP West Palm Beach, FL. 33411

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME no addition  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE:

*Adelo T. Murphy* ADELO MURPHY

Date

Daytime Phone #

1-24-99 561-659-6747

CR2E037 (1/98)