

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 703446 (5)

95 APR 12 AM 12:25

**1. Corporation Name
THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF
MIAMI, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2480 NW 7TH ST 2480 NW 7TH ST
BOX 3501057 BOX 3501057
MIAMI FL 33125-3135 MIAMI FL 33125-3135

3. Date incorporated or Qualified 01/12/1962	3a. Date of Last Report 04/11/1994
4. FEI Number 59-1288361	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SOSA, WINSTON H OCEAN BANK BUILDING 782 N.W. LEJEUNE ROAD MIAMI FL 33126		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	2480 N.W. 7th Street
		83	
		84 City	Miami
		FL	85 Zip Code 33126

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, RAFAEL	12 NAME	
STREET ADDRESS	2850 S.W. 1ST STREET	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33135	14 CITY - ST - ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URGELLES, ARMANDO	22 NAME	
STREET ADDRESS	5011 NW 4TH TERR	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, ROMANA	32 NAME	
STREET ADDRESS	432 S.W. 87 PL.	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUELTA, XIOMARA	42 NAME	
STREET ADDRESS	10170 N.W. 54 TERRACE	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33141	44 CITY - ST - ZIP	
TITLE	PD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, WINSTON H	52 NAME	
STREET ADDRESS	2625 COLLINS AVENUE, #1708	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33141	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, CARLOTICA	62 NAME	
STREET ADDRESS	651 N.W. 43 COURT	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	64 CITY - ST - ZIP	

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)