

FILE NOW: FILING FEE IS \$61.25

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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90121 038 \*\*\*\*61.25

0017/49

NONPROFIT CORPORATION ANNUAL REPORT, 1999



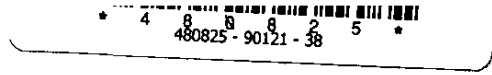
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N41938**

1. Corporation Name  
**CHRIST ANGLO-HISPANIC UNITED METHODIST CHURCH, I NC.**

Principal Place of Business: 5240 CURRY FORD RD, ORLANDO FL 32812

Mailing Address: 5240 CURRY FORD RD, ORLANDO FL 32812



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/04/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3041983
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input type="checkbox"/> \$8.75 Additional Fee Required
25	29	6. Election Campaign Financing
26	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARTIN, ALDO O. 5240 CURRY FORD RD. ORLANDO FL 32812		81 Name	GUIDO A. BENAZET
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	5240 CURRY FORD RD
		84 City	ORLANDO FL
		85 Zip Code	32812

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]* DATE: 4-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDO, MARTIN D	1.2 NAME	
STREET ADDRESS	9917 DEAN OAKS CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MANUEL	2.2 NAME	
STREET ADDRESS	6420 APPIAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCRIBANO, ANGEL	3.2 NAME	
STREET ADDRESS	5158 TELLSON PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REY, ISABEL	4.2 NAME	
STREET ADDRESS	1935 GREEN MEADOW LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIO, LEONARDO	5.2 NAME	
STREET ADDRESS	849 LONG BAY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, IRIS	6.2 NAME	
STREET ADDRESS	7998 MERRIMACK COVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: *[Signature]* DATE: 4-28-99 (407) 277-7599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROSARIO

CR2E037 (1/198)