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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000000750**

1. Corporation Name

LATIN AMERICAN CHRISTIAN CENTER GETSEMANI ASSEMBLY OF GOD OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
3631 NW 19TH ST GAINESVILLE FL 32605 US	P.O. BOX 4116 GAINESVILLE FL 32613-4116 US

2. Principal Place of Business 21 4424 NW 13th St	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/18/1993
Suite, Apt. #, etc. 22 Suite A-11	Suite, Apt. #, etc. 27	4. FEI Number 59-3164570 ☐ Applied For ☐ Not Applicable
City & State 23 GAINESVILLE, FL	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 32609 25 US	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROJAS, RAMON J 3631 N.W. 19TH ST. GAINESVILLE FL 32605	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROJAS, RAMON J		1.2 NAME	
STREET ADDRESS	3631 N.W. 19TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZAMOT, JOSE M		2.2 NAME	
STREET ADDRESS	7318 NW 52ND TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CANIZARES, ILEANA		3.2 NAME	
STREET ADDRESS	3223 N.W. 51ST PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 REQUIRED RAMON ROJAS 2/8/99 (352) 378-0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #