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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:17

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005391 (8)
 1. Corporation Name
NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A. C.A.M.), INC.

Principal Place of Business 2637 ACAPULCO DR. MIRAMAR FL 33023	Mailing Address 2637 ACAPULCO DR. MIRAMAR FL 33023
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0452346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

g. Name and Address of Current Registered Agent

GIL, YVONNE
2637 ACAPULCO DR.
MIRAMAR FL 33023

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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE SD	NAME TEMPLE, MARVIN
STREET ADDRESS 55 FAIRWAY DR. #5E	CITY - ST - ZIP MIAMI SPRINGS FL 33168
TITLE VC	NAME ELLIS, JANET
STREET ADDRESS 1051 NE 163 STREET	CITY - ST - ZIP MIAMI FL 33182
TITLE D	NAME BENEDICT, LLOYD
STREET ADDRESS 1320 NE 138 STREET	CITY - ST - ZIP MIAMI FL 33161
TITLE S	NAME GIL, YVONNE
STREET ADDRESS 2637 ACAPULCO DR.	CITY - ST - ZIP MIRAMAR FL 33023
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BENEDICT, RIFA	
2.3 STREET ADDRESS 3595 SAPHIR WAY CT	
2.4 CITY - ST - ZIP CORAL SPRINGS, FL 33065	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LLOYD BENEDICT V MORHAM Date **5/9/95** Time **3:30 PM** **003**
 0034371