


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 910 NE 214 LANE #2 MIAMI FL 33179	Mailing Address 910 NE 214 LANE #2 MIAMI FL 33179
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 3595 SATIN LEAF CT.	2a. Mailing Address 26 3595 SATIN LEAF CT.	4. FEI Number 65-0452346	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State CORAL SPRINGS, FL	28. City & State CORAL SPRINGS, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip 33065	25. Country BROWARD	29. Zip 33065	30. Country BROWARD	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BENEDICT, LLOYD
910 NE 214 LANE #2
MIAMI FL 33179

10. Name and Address of New Registered Agent

81. Name BENEDICT ADRIAN
82. Street Address (P.O. Box Number is Not Acceptable) 3595 SATIN LEAF CT.
83. City CORAL SPRINGS FL
85. Zip Code 33065

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 *Adrian Benedict* **ADRIAN BENEDICT** **AUG 26, 1997**

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 P/D	NAME BENEDICT, RITA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3595 SATIN LEAF CT.	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE V/D	NAME MORGAN, DEXTER	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5775 W. 20TH AVE., #308	CITY-ST-ZIP HALEAH FL 33012	
TITLE T/D	NAME BENEDICT, LLOYD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 910 NE 214 LANE #2	CITY-ST-ZIP MIAMI FL 33179	
TITLE S/D	NAME ELLIS, JANET	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 14806 NE 10 AVE.	CITY-ST-ZIP MIAMI FL 33161	
TITLE T/D	NAME PACHECO, PAUL	<input type="checkbox"/> DELETE
STREET ADDRESS 855 NE 179 TERR.	CITY-ST-ZIP MIAMI FL 33162	
TITLE S/D	NAME ELLIS, JANET	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BENEDICT, ADRIAN	FL 33065
1.3 STREET ADDRESS 3595 SATIN LEAF CT	CORAL SPRINGS
1.4 CITY-ST-ZIP	
2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GREEN LEONARDO	
2.3 STREET ADDRESS 2990 WENTWORTH	FE LAUDERDALE, FL 33032
2.4 CITY-ST-ZIP	
3.1 TITLE S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DELMAR, ERNESTO	33015
3.3 STREET ADDRESS 20010 NW 83 CT - HIALEAH	FL
3.4 CITY-ST-ZIP	
4.1 TITLE T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME JALDEACK JAENTSCHKE	
4.3 STREET ADDRESS 1051 NE 163 ST.	MIAMI, FL 33162
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME JALDEACK JAENTSCHKE	
5.3 STREET ADDRESS 1051 NE 163 ST.	MIAMI, FL 33162
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 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.

SIGNATURE *Adrian Benedict* **ADRIAN BENEDICT** **AUG 26, 1997**

CR2E037 (4/97)

8/20/97

NACAM BOARD OF DIRECTORS

ADRIAN BENEDICT — PRESIDENT / DIR

LEONARDO GREEN — V. P. / DIR

ERNESTO DELMAR — SEC. / DIR

PAUL PACHECO — TREASURER / DIR

VALDRACK JAENTSCHE — ASSIT. TREA — / DIR

ZELDA ~~JA~~ JAENTSCHE — DIRECTOR