


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90030 020 ****61.25

002322

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000005391

1. Corporation Name
NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A. C.A.M.), INC.

Principal Place of Business 3595 SATIN LEAF CT CORAL SPRINGS FL 33065 US	Mailing Address 3595 SATIN LEAF CT CORAL SPRINGS FL 33065 US
---	---



2. Principal Place of Business 21 P.O. Box 693606 Suite, Apt. #, etc. 22 Miami, Florida City & State 23 33269 U.S.A. Zip Country	2a. Mailing Address 26 P.O. Box 693606 Suite, Apt. #, etc. 27 Miami, Florida City & State 28 33269 U.S.A. Zip Country	3. Date Incorporated or Qualified 11/30/1993	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
---	--	--	--	--	---

9. Name and Address of Current Registered Agent BENEDICT, ADRIAN 3595 SATIN LEAF CT CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent 81 Name Maida Bacon-DELMAR 82 Street Address (P.O. Box Number is Not Acceptable) 83 20010 NW 83rd Ct 84 City Hialeah FL 85 Zip Code 33015
--	---

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: Maida Bacon-Delmar DATE: 4-22-99

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 P/D	NAME BENEDICT, ADRIAN	1.1 TITLE	P/D
STREET ADDRESS 3595 SATIN LEAF CT.	CITY-ST-ZIP CORAL SPRINGS FL	1.2 NAME	MAIDA BACON-DELMAR
TITLE V/D	NAME GREEN, LEONARD	1.3 STREET ADDRESS	20010 NW 83 rd Ct
STREET ADDRESS 2990 WENTWORTH	CITY-ST-ZIP FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Hialeah, FL 33015
TITLE SD	NAME DELMAR, ERNESTO	2.1 TITLE	
STREET ADDRESS 20010 NW 83RD CT	CITY-ST-ZIP HIALEAH FL	2.2 NAME	
TITLE T	NAME PAIHECO, PAUL	2.3 STREET ADDRESS	
STREET ADDRESS 855 NE 171 TERR	CITY-ST-ZIP NORTH MIAMI FL 33162	2.4 CITY-ST-ZIP	
TITLE D	NAME JAENTSCHE, ELDA	3.1 TITLE	
STREET ADDRESS 1051 NE 163RD ST	CITY-ST-ZIP MIAMI FL	3.2 NAME	
TITLE T	NAME MORALES, LUCIO S.	3.3 STREET ADDRESS	12500 NE 15 Ave. #202
STREET ADDRESS 855 NE 171 TERR	CITY-ST-ZIP NORTH MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE D	NAME JAENTSCHE, ELDA	4.1 TITLE	
STREET ADDRESS 1051 NE 163RD ST	CITY-ST-ZIP MIAMI FL	4.2 NAME	
TITLE D	NAME JAENTSCHE, ELDA	4.3 STREET ADDRESS	
STREET ADDRESS 1051 NE 163RD ST	CITY-ST-ZIP MIAMI FL	4.4 CITY-ST-ZIP	
TITLE D	NAME JAENTSCHE, ELDA	5.1 TITLE	
STREET ADDRESS 1051 NE 163RD ST	CITY-ST-ZIP MIAMI FL	5.2 NAME	
TITLE D	NAME JAENTSCHE, ELDA	5.3 STREET ADDRESS	
STREET ADDRESS 1051 NE 163RD ST	CITY-ST-ZIP MIAMI FL	5.4 CITY-ST-ZIP	
TITLE D	NAME JAENTSCHE, ELDA	6.1 TITLE	
STREET ADDRESS 1051 NE 163RD ST	CITY-ST-ZIP MIAMI FL	6.2 NAME	
TITLE D	NAME JAENTSCHE, ELDA	6.3 STREET ADDRESS	
STREET ADDRESS 1051 NE 163RD ST	CITY-ST-ZIP MIAMI 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: Ernesto Delmar DATE: 4/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)