

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003218 (3)**

1. Corporation Name

MINISTERIO ESPERANZA DE VIDA, INC



Principal Place of Business

Mailing Address

6792 BRITTANY CHASE CT
ORLANDO FL 32860-7683

P.O. BOX 607683
ORLANDO FL 32860-7683

3. Date incorporated or Qualified

06/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2950 Aloma Ave Suite 302

26 P.O. Box 607683

4. FEI Number

59-3325691

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Winter Park, FL

City & State

23 32792

Country USA

Zip

Country USA

24 32792

Country USA

Zip

Country USA

25 USA

Country USA

26 32860

Country USA

27 Orlando, FL

Country USA

28 Orlando, FL

Country USA

29 32860

Country USA

30 USA

Country USA

31 32860

Country USA

32 USA

Country USA

9. Name and Address of Current Registered Agent

GONZALEZ, JOSE L
6792 BRITTANY CHASE CT
ORLANDO FL 32860-7683

10. Name and Address of New Registered Agent

81 Name Jose L. Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable) 6792 Brittany Chase Ct.
83
84 Orlando FL 85 Zip Code 32810

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]

Jose L. Gonzalez

6/21/96

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	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARITZA	
STREET ADDRESS	6792 BRITTANY CHASE CT	
CITY-ST-ZIP	ORLANDO FL 32860-7683	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JOSE L	
STREET ADDRESS	6792 BRITTANY CHASE CT	
CITY-ST-ZIP	ORLANDO FL 32860-7683	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, CARMEN	
STREET ADDRESS	3657 N. GOLDENROD RD. APT. A202	
CITY-ST-ZIP	WINTER PARK FL 32782	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	700001888467
2.3 STREET ADDRESS	-07/09/96--01125--037
2.4 CITY-ST-ZIP	***70.00
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S-T Santos, Arleen, V.
3.3 STREET ADDRESS	7621 Park Promenade Dr. Apt. 1312
3.4 CITY-ST-ZIP	Winter Park, FL 32792
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Teizarry, Delic, B.
4.3 STREET ADDRESS	7723 Lady Frances Way
4.4 CITY-ST-ZIP	Orlando, FL 32807
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mojica, Carmen M.
5.3 STREET ADDRESS	3604 Narroline, Dr.
5.4 CITY-ST-ZIP	Orlando, FL 32818
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 119.07(3)(k), 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: *Maritza Gonzalez* Maritza Gonzalez. 4/11/96 (407)673-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)