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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

2850 ALOMA AVE SUITE 304
WINTER PARK FL 32792

P.O. BOX 607683
ORLANDO FL 32860-7683

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3325691

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JOSE L
6792 BRITTANY CHASE CT
ORLANDO FL 32810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GONZALEZ, MARITZA	1.1 TITLE	P Rev. Gonzalez, Maritza
NAME	6792 BRITTANY CHASE CT	1.2 NAME	6792 Brittany Chase Ct.
STREET ADDRESS	ORLANDO FL 32860-7683	1.3 STREET ADDRESS	Orlando, Florida 32810
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V GONZALEZ, JOSE L	2.1 TITLE	V Gonzalez, Jose L.
NAME	6792 BRITTANY CHASE CT	2.2 NAME	6792 Brittany Chase Ct.
STREET ADDRESS	ORLANDO FL 32860-7683	2.3 STREET ADDRESS	Orlando, Florida 32810
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST SANTOS, ARLEEN V	3.1 TITLE	ST Melendez, Elisa M.
NAME	7621 PARK PROMENADE DR. APT. 1312	3.2 NAME	6792 Brittany Chase Ct.
STREET ADDRESS	WINTER PARK FL 32792	3.3 STREET ADDRESS	Orlando, Florida 32810
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T FRIZARRY, DELIC B	4.1 TITLE	T Irizarry, Delic B.
NAME	7723 LADY FRANCES WAY	4.2 NAME	7723 Lady Frances Way
STREET ADDRESS	ORLANDO FL 32807	4.3 STREET ADDRESS	Orlando, Florida 32807
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T CARMEN, MOJICA M	5.1 TITLE	T Mojica, Carmen M.
NAME	3606 NARROLINE DR.	5.2 NAME	5431 Oakclusterr Terrace
STREET ADDRESS	ORLANDO FL 32818	5.3 STREET ADDRESS	Orlando, FL 32808
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Maritza Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (07) 673-0505
Date Daytime Phone # 0018137

CR2E037 (9/96)