

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N96000002037 (7)**

1. Corporation Name  
**DISCIPLES OF JESUS CHRIST IS THE LORD AND SAVIOR, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>7151 FAIRWAY BLVD.<br/>MIRAMAR FL 33023</b> | Mailing Address<br><b>7151 FAIRWAY BLVD.<br/>MIRAMAR FL 33023-6535</b> |
|---|--|

|  |                         |
|--|-------------------------|
| 3. Date Incorporated or Qualified<br><b>04/16/1996</b> | 3a. Date of Last Report |
|--|-------------------------|

|                                |                        |  |   |
|--------------------------------|------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number<br><b>65-0658001</b>   | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |
| 22 City & State                | 27 City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>  |
| 23 Zip                         | 28 Zip                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| 24 Country                     | 29 Country             |  |   |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>NINA, JOSE F<br/>7151 FAIRWAY BLVD.<br/>MIRAMAR FL 33023</b> | 10. Name and Address of New Registered Agent          |
|  | 81 Name   |
|  | 82 Street Address (P.O. Box Number is Not Acceptable) |
|  | 83  |
|  | 84 City   |
|  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DP <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | NINA, JOSE F                                  | 1.2 NAME  |   |
| STREET ADDRESS             | 7151 FAIRWAY BLVD.                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIRAMAR FL 33023                              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DV <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | LAVANDERO, SERGIO                             | 2.2 NAME  | <b>D</b> <b>ZOLA ESPERANZA GALINDO</b>  |
| STREET ADDRESS             | 421 SW 53 CT.                                 | 2.3 STREET ADDRESS                                    | <b>560 DUNAD AVE</b>  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33314                       | 2.4 CITY-ST-ZIP                                       | <b>OPA LACICA FL</b>  |
| TITLE                      | DVT <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | NINA, BETTY Y                                 | 3.2 NAME  | <b>D</b> <b>RAYMUNDO A GONZALEZ</b>   |
| STREET ADDRESS             | 7151 FAIRWAY BLVD.                            | 3.3 STREET ADDRESS                                    | <b>7132 W 29 WAY # 101</b>  |
| CITY-ST-ZIP                | MIRAMAR FL 33023                              | 3.4 CITY-ST-ZIP                                       | <b>HALEAH FL</b>  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | NINA, YRMA Y                                  | 4.2 NAME  | <b>D</b> <b>HILDEBRANDO CABAÑILLAS</b>  |
| STREET ADDRESS             | 7151 FAIRWAY BLVD.                            | 4.3 STREET ADDRESS                                    | <b>7865 W 30 CT</b>   |
| CITY-ST-ZIP                | MIRAMAR FL 33023                              | 4.4 CITY-ST-ZIP                                       | <b>HALEAH FL</b>  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | MORA, SIXTO                                   | 5.2 NAME  |   |
| STREET ADDRESS             | 3021 SW 37TH TER.                             | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HOLLYWOOD FL 33023                            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | ALVAREZ, MARITZA                              | 6.2 NAME  |   |
| STREET ADDRESS             | 5412 NW 200 TER.                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33051                                | 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: *[Signature]* DATE: **3/28/1997 (954) 962 2939**

CR2E037 (9/96)