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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002037

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

Principal Place of Business
 7781 SHERIDAN ST
 HOLLYWOOD FL 33024
 US

Mailing Address
 P O BOX 5271
 MIAMI LAKES FL 33014-271
 US
33014 1271



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/16/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0658001 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| NINA, REVERAND J F. 9682 FONTAINEBLEAU #311 309 MIAMI FL 33172 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ DATE _____
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 | 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 | 9682 FONTAINEBLEAU BLVD #311 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GALINDO, ZORLA ESPERANZ | 2.2 NAME | NOEMI E. NINA |
| STREET ADDRESS | 560 DUNAD AVE | 2.3 STREET ADDRESS | 9682 FONTAINEBLEAU BLVD #309 |
| CITY-ST-ZIP | OPA LOCKA FL | 2.4 CITY-ST-ZIP | MIAMI, FL 33175 |
| TITLE | DVT <input type="checkbox"/> DELETE | 3.1 TITLE | MARY L. MELLENDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NINA-WILSON, BETTY Y | 3.2 NAME | |
| STREET ADDRESS | 7781 SHERIDAN ST | 3.3 STREET ADDRESS | 173 SW 17th AVE |
| CITY-ST-ZIP | HOLLYWOOD FL 33024-2533 | 3.4 CITY-ST-ZIP | MIAMI FL 33175 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAILEY, MARY L | 4.2 NAME | |
| STREET ADDRESS | 7781 SHERIDAN ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024-2533 | 4.4 CITY-ST-ZIP | |
| 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 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALVAREZ, MARITZA | 6.2 NAME | ROSaura TACHEL |
| STREET ADDRESS | 5412 NW 200 TER. | 6.3 STREET ADDRESS | 9682 FONTAINEBLEAU BLVD 309 |
| CITY-ST-ZIP | MIAMI FL 33051 | 6.4 CITY-ST-ZIP | MIAMI FL 33075 |

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: *[Signature]* DATE: *3/1/99* DAYTIME PHONE: *(305) 225-7426*

CR2E037 (11/98)