

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P09076 (1)**
1. Corporation Name
COMUNITY CHURCH "SONS OF LA CARIDAD DEL COBRE" CORPORATION



Principal Place of Business: P.O. BOX 367 LABELLE FL 33935-0367
Mailing Address: P.O. BOX 367 LABELLE FL 33935-0367

RURAL ROAD NO MAIL OR PAVE ROADS

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	778 APALOOSA	26	POBOX 367	02/13/1986	08/08/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		11-2731213	Not Applicable
24	33440	25	FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29	33935	30	FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25. HENDRY				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MONTIEL, ALEXANDRA 778 APALOOSA AVENUE MONTURA RANCH STATES CLEWISTON FL 33440				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: *Alexandra Montiel* 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MONTIEL, ALEXANDRA	1.2 NAME	
STREET ADDRESS	778 APALOOSA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTURA, CLEWISTON FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DIEPPA, RAFAEL JR	2.2 NAME	
STREET ADDRESS	7400 3RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BERGEN NJ	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ELUIRA, GARCIA	3.2 NAME	
STREET ADDRESS	10948 NW 26TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Alexandra Montiel* DATE: 1/15/96 DAYTIME PHONE # _____
Signature typed or printed name of signing officer or director

CR2E037 (12/95)