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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90127 044 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09076

1. Corporation Name
COMUNITY CHURCH "SONS OF LA CARIDAD DEL COBRE" CORPORATION

Principal Place of Business 778 APPALOOSA CLEWISTON FL 33440 US	Mailing Address P.O. BOX 367 LABELLE FL 33935 US
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2. Principal Place of Business 21 778 APPALOOSA AVE Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 367 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/13/1986
22 MONTURA City & State	27 LABELLE City & State	4. FEI Number 11-2731213 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 CLEWISTON Zip Country 24 33440 25 USA	28 FL Zip Country 29 33935 30 USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent MONTIEL, ALEXANDRA 778 APALOOSA AVENUE MONTURA RANCH STATES CLEWISTON FL 33440		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>

10. Name and Address of New Registered Agent	
81 Name ELUIRA GARCIA	82 Street Address (P.O. Box Number is Not Acceptable) 10948 N.W. 26TH ST
83 SUNRISE	84 City FT LAUDERDALE 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]* 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	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	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	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 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: **1/10/98** 941
 Daytime Phone # **9836950**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)