

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40127** (5)  
1. Corporation Name  
**MINISTRY OF HELP AND EVANGELISM "CHRIST LOVES YOU", INCORPORATED**



Principal Place of Business <b>17920 NW 44TH AVE MIAMI FL 33055-3330 US</b>	Mailing Address <b>PO BOX 172153 HIALEAH FL 33017-2153 US</b>
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2. Principal Place of Business <b>21 17920 NW 44th Ave.</b>		2a. Mailing Address <b>26 PO BOX 172153</b>		3. Date Incorporated or Qualified <b>09/24/1990</b>	3a. Date of Last Report <b>02/05/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0343193</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 MIAMI FL. 33055-3330</b>		City & State <b>28 HIALEAH FL.</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25 U.S.A.</b>	Zip <b>29 33017-2153</b>	Country <b>30 USA.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CARDONA, ANA C 17920 NW 44TH AVE MIAMI FL</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 *Ana C. Cardona* **ANA C. CARDONA** **2/4/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDONA, ANA C			1.2 NAME			
STREET ADDRESS	17920 NW 44TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDONA, JAIME			2.2 NAME			
STREET ADDRESS	17920 NW 44TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARDONA, ELIEZER			3.2 NAME			
STREET ADDRESS	17920 NW 44TH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOMAS, LOZADA			4.2 NAME			
STREET ADDRESS	180 45 NW 41ST PL			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEREZ, NIDIA			5.2 NAME			
STREET ADDRESS	290 MINOLA AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MAIMI SPRINS FL			5.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NINA, JOSE F			6.2 NAME			
STREET ADDRESS	7151 FAIRWAY BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL			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 *Ana C. Cardona* **ANA C. CARDONA** **2/4/97** **(330) 635-7315**

CR2E037 (9/96)