## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000045773**1. Corporation Name

CASA MARIPOSA CHRISTIAN CENTER, INC.

Principal Place of Business Mailing Address						4 10011001 110 (011)1 gibit ofilit 60151 diliti galit state bitti 10011 10011		
172 SE 2 ST 172 SE 2 ST								
S PATRICK SHORES S PATRICK SHORES								
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
		··				06/14/1994		
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For		
21		26				59-3259174 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
22		27						
City & State	e	City & State	<del></del>			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip			ntry		8. This corporation owes the current year Intangible Personal Property Tax.			
24	25	29	30			Personal Property Tax. Yes Moo  10. Name and Address of New Registered Agent		
	9. Name and Address of Currer	nt Registered Agent		81	Name	19. Name and Address of New Registered Agent		
PAD	ROZA MONIOLIE	4		"	Name	•		
BARBOZA, MONIQUE 172 SE 2 ST				82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
	ATRICK SHORES			83				
SAII	ELLITE BEACH FL 32937			84	City	85 Zip Code		
					* .	FL   FL   FL   FL   FL   FL   FL   FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Stat	utes.	•			
SIGNATURE		NOT	- D - (	<b>.</b>	A ninnatura saguisa	ed when reinstating) DATE		
40	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agen	or signamie reduire	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPVS OF FIGURES AT	DELETE	_	1.1 TITLE		☐ Change ☐ Addition		
		<u></u>	1.2 N					
NAME	BARBOZA, MONIQUE 172 SE 2 ST				T ADDRESS	}		
STREET ADDRESS								
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NAME			4. 2 N		ĺ			
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NAME			5.2 N					
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CITY-ST-ZIP.		<u></u> _	5.4 C		T-ZIP	DAL		
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NAME			6.2 N					
STREET ADDRESS					TADORESS			
CITY-ST-ZIP			6.4 C	TY-S	T-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 607, 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:

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90108 033 \*\*\*150.00