

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703446**
 1. Corporation Name
First Spanish Presbyterian Church

Principal Place of Business Mailing Address
2480 NW 7 St
Miami, Fl 33125-3135

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number **59-1288361** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Amendment

21. Principal Place of Business Suite, Apt. #, etc	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc	26. City & State	27. Zip	28. Country	29. Mailing Address Suite, Apt. #, etc	30. City & State	31. Zip	32. Country
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9. Name and Address of Current Registered Agent
Sosa Winston H
2480 NW 7th St
Miami, Fl 33125

10. Name and Address of New Registered Agent
 81 Name **Dr. Rolando Garcia Turino**
 82 Street Address (P.O. Box Number is Not Acceptable) **1041 NW 32nd Pl**
 83
 84 City **Miami** FL 85 Zip Code **33125**

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 *Rolando Garcia Turino* **Rolando Garcia-Turino** 05-13-97
Signature, typed or printed name of registered agent and office if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <input type="checkbox"/> DELETE	D
NAME	Cabrera, Romana
STREET ADDRESS	432 SW 87 Pl Miami, Fl 33174
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	C
NAME	Cruz, Rafael
STREET ADDRESS	2850 SW 1st St
CITY-ST-ZIP	Miami, Fl 33135
TITLE <input type="checkbox"/> DELETE	S
NAME	Xiomara, Vuelta
STREET ADDRESS	5825 Collins Ave #3C
CITY-ST-ZIP	Miami Beach, Fl 33140
TITLE <input checked="" type="checkbox"/> DELETE	PD
NAME	Winston Sosa H
STREET ADDRESS	2625 Collins Ave #1708
CITY-ST-ZIP	Miami Beach, Fl 33141
TITLE <input type="checkbox"/> DELETE	TD
NAME	Urgelles, Armando
STREET ADDRESS	5011 NW 4th Terrace
CITY-ST-ZIP	Miami, Fl 33125
TITLE <input checked="" type="checkbox"/> DELETE	D
NAME	Gutierrez, Carlota
STREET ADDRESS	651 NW 43 Ct
CITY-ST-ZIP	Miami, Fl 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD
4.2 NAME	DR. Rolando Garcia Turino
4.3 STREET ADDRESS	1041 NW 32nd Pl. Miami, Fl 33125
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	200002214932
5.3 STREET ADDRESS	-06/17/97--01077--017
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
6.2 NAME	Dr. Padilla, Elpidio
6.3 STREET ADDRESS	421 Wren Ave Miami, Fl 33166
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: *Rolando Garcia Turino* **Rolando Garcia Turino** 05-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)