

FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

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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 # 703446

1. Corporation Name
THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF MIAMI, INC.

Principal Place of Business 2480 NW 7TH ST MIAMI FL 33125-3135	Mailing Address 2480 NW 7TH ST MIAMI FL 33125-3135
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/12/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1288361
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent TURINO, ROLANDO G 1041 NW 32ND PL MIAMI FL 33125	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRUZ, RAFAEL		1.2 NAME	
STREET ADDRESS 2850 S.W. 1ST STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33135		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VEITIA, JORGE		2.2 NAME	
STREET ADDRESS 81 N HIBISCUS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33139		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CABRERA, ROMANA		3.2 NAME	
STREET ADDRESS 432 S.W. 87 PL.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33174		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOSA, MARIA		4.2 NAME	
STREET ADDRESS 9650 FONTAINEBLEAU BLVD, VILLA #1		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33172		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA TURINO, ROLANDO		5.2 NAME	
STREET ADDRESS 1041 NW 32 PL		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33125		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELPIDIO, PADILLA DR		6.2 NAME	
STREET ADDRESS 421 WREN AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33166		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 REQUIRED** _____ Date: **3/15/99** Daytime Phone #: **305-645-7744**

CR2E037 (11/98)