

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712455 (5)

1. Corporation Name  
**CURSILLOS DE CRISTIANDAD**



Principal Place of Business: 16250 SW 112TH AVE, P. O. BOX 652307, MIAMI FL 33265-9307  
Mailing Address: 16250 SW 112TH AVE, P. O. BOX 652307, MIAMI FL 33265-9307

3. Date Incorporated or Qualified: 03/21/1967  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-0865839  
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

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CAMPA, MANUEL J.  
6336 S.W. 33 ST.  
MIAMI FL 33155**

10. Name and Address of New Registered Agent (81-84) including Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV	DELGADO, ANGEL 11234 NW 5TH TERR. MIAMI FL	1.1 TITLE: DV	ANTONIO SANCHEZ 10750 SW 67 Terr Miami Fl 33173
TITLE: DP	LOPEZ, CELESTINO 680 WEST 77TH ST, HIALEAH FL 33014	2.1 TITLE:	
TITLE: SD	DE LA VEGA, AMALIA 5922 NW 7TH ST. MIAMI FL	3.1 TITLE: SD	MARIOLGA FERNANDEZ 8451 SW 21 St. Miami Fl 33155
TITLE: TD	MEDINA, MARIO 9275 SW 32ND ST. MIAMI FL 33165-4101	4.1 TITLE:	
TITLE:		5.1 TITLE:	
TITLE:		6.1 TITLE:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Mario Medina* MARIO MEDINA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **TREASURER**  
Date: FEB 20/96 (305) 226-1399  
Daytime Phone #: 052-28-29