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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724396

1. Corporation Name
SAN CRISTOBAL ASSOCIATION, INC.

Principal Place of Business: 616 FLAMINGO DRIVE, VENICE FL 34285
 Mailing Address: 616 FLAMINGO DRIVE, VENICE FL 34285



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/21/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1586903	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FUSILLO, DANIEL 616 FLAMINGO DR #202 VENICE FL 34285				81 Name <i>JAMES C. ZECH</i>			
				82 Street Address (P.O. Box Number is Not Acceptable) <i>1590 86th AVENUE North</i>			
				83			
				84 City <i>St Petersburg</i>		85 State <i>FL</i>	86 Zip Code <i>33702</i>

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: *James C. Zech* DATE: *March 18, 99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, ALFRED	1.2 NAME	<i>JAMES C. ZECH</i>
STREET ADDRESS	616 FLAMINGO DR	1.3 STREET ADDRESS	<i>1590 86th Ave. North</i>
CITY-ST-ZIP	VENICE, FL 00000 34285	1.4 CITY-ST-ZIP	<i>St. Petersburg, Fla. 33702</i>
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSILLO, DANIEL	2.2 NAME	
STREET ADDRESS	616 FLAMINGO DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000 34285	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDFORD, WILLIAM	3.2 NAME	
STREET ADDRESS	616 FLAMINGO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000 34285	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRETSINGER, FRANK	4.2 NAME	
STREET ADDRESS	616 FLAMINGO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000 34285	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HARRY	5.2 NAME	
STREET ADDRESS	616 FLAMINGO DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James C. Zech* DATE: *3/18/99* 727/576-5610

CR2E037 (1/98)