

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 # 739660 (9)
1. Corporation Name
LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC.



Principal Place of Business Mailing Address
11500 N.W. 12TH AVENUE 11500 N.W. 12TH AVENUE
MIAMI FL 33168 MIAMI FL 33168

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1977		3a. Date of Last Report 06/14/1995	
21		26		4. FEI Number 59-1736854		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
25		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~BOBBI WESCHER~~
11500 NW 12TH AVENUE
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name JOSE ALGERICO FONSECA
82 Street Address (P.O. Box Number is Not Acceptable)
11500 N.W. 12TH AVENUE
83
84 City MIAMI FL 85 Zip Code 33168

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 *Jose A. Fonseca*

(NOTE: Registered Agent signature required when reinstating.)

DATE 3/17/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, ANGEL	1.2 NAME	
STREET ADDRESS	2655 COLLINS AVENUE APT 2004	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULON, LETRICIA	2.2 NAME	
STREET ADDRESS	8335 W 18TH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUTA, BORJA	3.2 NAME	
STREET ADDRESS	1875 NW 154TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULON, LETICIA	4.2 NAME	
STREET ADDRESS	8335 WEST 18TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORBON, CATALINA M.	5.2 NAME	
STREET ADDRESS	120 N.E. 121ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, LETICIA	6.2 NAME	
STREET ADDRESS	738 EAST 52ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28 /96 (30) 681-7670

Date

Daytime Phone #

CR2E037 (12/95)