

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified **07/13/1977** 3a. Date of Last Report **06/14/1995**
4. FEI Number **59-1736854** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
~~XXXXXXXXXXXX~~
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* 3/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMAYO, ANGEL 2655 COLLINS AVENUE APT 2004 MIAMI BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZULON, LETRICIA 8335 W 18TH LANE HIALEAH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUTA, EDNA 1975 NE 154TH STREET MIAMI-FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULON, LETICIA 8335 WEST 18TH LANE HIALEAH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORBON, CATALINA M. 120 N.E. 121ST STREET NORTH MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, LETICIA 738 EAST 52ND STREET HIALEAH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S JOSE ALGERICO BORBON 120 N.E. 121 St. NORTH MIAMI - FL.
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900001780489 -04/15/96--01062--023 ***61.25
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>2/4.15</i>

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: *Leticia Zulon* **Feb 28 /96** (307) 681-7670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LETICIA ZULON - D

CR2E037 (12/95)