

FILE NOW: FILING FEE IS \$61.25

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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739660** (9)
1. Corporation Name
LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC.

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

3. Date Incorporated or Qualified 07/13/1977	Applied For
4. FEI Number 59-1736854	Not Applicable

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	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FONSECA, JOSE ALGERICO 11500 NW 12TH AVENUE MIAMI FL 33168	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULON, LETRICIA	2.2 NAME	Zulon Leticia
STREET ADDRESS	8335 W 18TH LANE	2.3 STREET ADDRESS	8335 W 18TH LANE
CITY - ST - ZIP	HALEAH FL	2.4 CITY - ST - ZIP	HALEAH FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORBON, JOSE ALBERTO	3.2 NAME	
STREET ADDRESS	120 NE 121 ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NO. MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	HALEAH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZO, LETICIA	6.2 NAME	Romero Leticia
STREET ADDRESS	738 EAST 52ND STREET	6.3 STREET ADDRESS	19414 N.W. 79 COURT
CITY - ST - ZIP	HALEAH FL	6.4 CITY - ST - ZIP	MIAMI FL 33015

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.

SIGNATURE: *Leticia Zulon* Jan 8/98 (305) 681-7675

CR2E037 (10/97)