

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90050 044 \*\*\*\*61.25

0003555

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 739660**

1. Corporation Name

**LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC.**

Principal Place of Business

11500 N.W. 12 AVENUE  
MIAMI FL 33168

Mailing Address

11500 N.W. 12 AVENUE  
MIAMI FL 33168



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/13/1977

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

9. Name and Address of Current Registered Agent

FONSECA, JOSE ALGERICO  
11500 NW 12TH AVENUE  
MIAMI FL 33168

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **TAMAYO, ANGEL**  
STREET ADDRESS **2655 COLLINS AVENUE APT 2004**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **T** ☐ DELETE  
NAME **ZULON, LETICIA**  
STREET ADDRESS **8335 W 18TH LANE**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **S** ☐ DELETE  
NAME **BORBON, JOSE ALBERTO**  
STREET ADDRESS **120 NE 121 ST.**  
CITY-ST-ZIP **NO. MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **ZULON, LETICIA**  
STREET ADDRESS **8335 WEST 18TH LANE**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **D** ☐ DELETE  
NAME **BORBON, CATALINA M.**  
STREET ADDRESS **120 N.E. 121ST STREET**  
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **ROMERO, LETICIA**  
STREET ADDRESS **19414 NW 79 COURT**  
CITY-ST-ZIP **MIAMI FL 33015**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Signature of Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 22/99* (305) 681-7675  
Date Daytime Phone #

CR2E037 (1/98)