

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 02, 2004
Secretary of State**

DOCUMENT# 739660

Entity Name: LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC.

Current Principal Place of Business:

11500 N.W. 12 AVENUE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

11500 N.W. 12 AVENUE
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1736854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BORBON, JOSE A
Address: 120 NE 121 STREET
City-St-Zip: MIAMI, FL 331615341

Title: T () Delete
Name: ZULON, LETICIA
Address: 8335 W 18TH LANE
City-St-Zip: HIALEAH, FL 33014

Title: S () Delete
Name: LIDIA, PUIG E
Address: 1000 NE 14TH AVE 203
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: GONEZ, MARIA C
Address: 35 NW 152TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: BORBON, CATALINA
Address: 120 NE 121 STREET
City-St-Zip: MIAMI, FL 331615341

Title: D () Delete
Name: ROMERO, LETICIA
Address: 12826 SW 24ST
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A BORBON

P

08/02/2004

Electronic Signature of Signing Officer or Director

_____ Date