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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 750979

1. Corporation Name

CRISTO SALVADOR PRESBYTERIAN CHURCH INC.

Principal Place of Business

6970 SW 56TH ST
MIAMI FL 33155
US

Mailing Address

6970 SW 56TH ST
MIAMI FL 33155
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/08/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2637637

Applied For
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALINDO, ROGER
5625 SW 152ND CT
MIAMI FL 33193

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CP**
STREET ADDRESS **GALINDO, ROGER**
CITY-ST-ZIP **5625 SW 152ND CT**
MIAMI FL 33193

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

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **LOPEZ, VIOLETA**
CITY-ST-ZIP **8050 N.W. 7TH ST., APT. 110**
MIAMI FL

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CASASUS, OSIGELIA**
CITY-ST-ZIP **6571 S.W. 29TH ST**
MIAMI FL 33155

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

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **QUINTANILLA, ZONIA**
CITY-ST-ZIP **8005 LAKE DR #408**
MIAMI FL 33166

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CARMONA, JORGE**
CITY-ST-ZIP **8735 SW 52ND STREET**
MIAMI FL 33165

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

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **ESPINOSA, LAZARO**
CITY-ST-ZIP **14848 SW 71ST AVE**
MIAMI, FL 00000 33193

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROGER GALINDO 1-7-99 305 633-3456

CR2E037 (1/98)