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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 762579 (1)**

1. Corporation Name

LA DIVINA PROVIDENCIA EPISCOPAL CHURCH INC.

Principal Place of Business

Mailing Address

**7155 WEST 2 COURT
HIALEAH FL 33014
US****7155 WEST 2 COURT
HIALEAH FL 33014-5307
US**3. Date Incorporated or Qualified
03/24/19823a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTIERREZ, BRAULIO
1385 WEST 77 STREET
HIALEAH FL 33014**

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

BRAULIO GUTIERREZ**1-10-97**

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	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, BRAULIO	
STREET ADDRESS	1385 W 77 ST	
CITY-ST-ZIP	HIALEAH FL	

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLASCO, NATALIE	
1.3 STREET ADDRESS	7155 West 2 Court	
1.4 CITY-ST-ZIP	Hialeah, FL 33014	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DASHIELL, CHARLOTTE	
STREET ADDRESS	1480 E. 6TH COURT	
CITY-ST-ZIP	HIALEAH FL	

2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERNANDEZ, JOSE	
2.3 STREET ADDRESS	3372 West 14 Court	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	GERTRUDIS, CARO	
STREET ADDRESS	6230 W 24TH COURT #108	
CITY-ST-ZIP	HIALEAH FL	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARO, GERTRUDIS	
3.3 STREET ADDRESS	3372 West 14 Court	
3.4 CITY-ST-ZIP	Hialeah, FL 33012	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JOSE M	
STREET ADDRESS	3372 W 14 COURT	
CITY-ST-ZIP	HIALEAH FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LOREDO, BALBINO	
4.3 STREET ADDRESS	260 West 40 Place	
4.4 CITY-ST-ZIP	Hialeah, FL 33012	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLASCO, CARMEN	
STREET ADDRESS	7155 W 2ND COURT	
CITY-ST-ZIP	HIALEAH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLASCO, RAUL A	
STREET ADDRESS	7155 W 2ND COURT	
CITY-ST-ZIP	HIALEAH FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: **Natalie Blasco** **NATALIE BLASCO****1-10-97****(305) 596-6525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0023117**

CR2E037 (9/96)