

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764986 (6)

1. Corporation Name
CONGREGACION CRISTIANA DE MIAMI, INC.

Principal Place of Business Mailing Address
**4300 SW 73 AVE 4300 SW 73 AVE
STE 102 STE 102
MIAMI FL 33155 MIAMI FL 33155
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/13/1982** 3a. Date of Last Report **04/22/1994**
4. FEI Number **65-0045802** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.03? Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE AVILA, GERARDO
10951 SW 64 ST.
MIAMI FL 33173**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4300 SW 73 Avenue
83 **suite 102**
84 City **Miami,** 85 Zip Code **FL 33155**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD
NAME	DE AVILA, GERARDO
STREET ADDRESS	10951 SW 64TH ST.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	VD
NAME	LOPEZ, EMILIO
STREET ADDRESS	7512 SW 135TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	DE, AVILA D
STREET ADDRESS	13870 SW 62ND STREET
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	MARTINEZ, DAMARIS
STREET ADDRESS	2020 SW 65TH AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MASARIEGOS, AROLD
STREET ADDRESS	6444 SW 40 ST #14
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Damaris P. Martinez
1.3 STREET ADDRESS	11951 SW 40 Street
1.4 CITY - ST - ZIP	Miami, FL 33175
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Haroldo Masariegos
2.3 STREET ADDRESS	2430 SW 127 Avenue
2.4 CITY - ST - ZIP	Miami, FL 33175
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Manuel Pereda
3.3 STREET ADDRESS	4020 SW 103 Court
3.4 CITY - ST - ZIP	Miami, FL 33165
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ada Lopez-Isa
4.3 STREET ADDRESS	15153 NW 89 Place
4.4 CITY - ST - ZIP	Miami, FL 33016
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Modesta Lopez-Isa
5.3 STREET ADDRESS	11421 SW 35 Lane
5.4 CITY - ST - ZIP	Miami, FL 33165
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Oscar Merida
6.3 STREET ADDRESS	731 NE 3 Place
6.4 CITY - ST - ZIP	Hialeah, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Damaris P. Martinez

Damaris P. Martinez 5/1/95 (315) 653-6446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER