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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 767338 (7)

1. Corporation Name
IGLESIA EVANGELICA MENONITA ARCAS DE SALVACION, INC.

Principal Place of Business Mailing Address

126 CATALINA STREET FT MYERS FL 33905

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1983** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-1788846** 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. 199.032, 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 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

SANTIAGO, DAVID
 1409 SE 20TH PLACE
 CAPE CORAL 33990

10. Name and Address of New Registered Agent

81 Name **DAVID MALDONADO**

82 Street Address (P.O. Box Number is Not Acceptable)
4023 DESOTO AVE

83

84 City **Fort Myers** FL 85 Zip Code **33916**

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 *David Maldonado* DATE **4/23/95**

(Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTIAGO, DAVID
STREET ADDRESS	1409 SE 20TH PLACE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	S
NAME	CANUL, VERONICA
STREET ADDRESS	2017 FITCH AVENUE
CITY - ST - ZIP	ALVA FL
TITLE	T
NAME	MORALES, NANCY
STREET ADDRESS	12625 2ND STREET
CITY - ST - ZIP	FT. MYERS FL
TITLE	E
NAME	CANUL, FABIAN
STREET ADDRESS	2017 FITCH AVNUE
CITY - ST - ZIP	ALVA FL
TITLE	ED
NAME	CANUL, FABIAH
STREET ADDRESS	128 CATALINA ST
CITY - ST - ZIP	E FORT MYERS FL
TITLE	CPD
NAME	GONZALEZ, PEDRO
STREET ADDRESS	423 MONGOOSLN
CITY - ST - ZIP	N. FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVID MALDONADO	
13 STREET ADDRESS	4023 DESOTO AVE	
14 CITY - ST - ZIP	FT MYERS FL 33916	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DANICE MELENDEZ	
23 STREET ADDRESS	3804 3rd St W	
24 CITY - ST - ZIP	LEHIGH ACRES FL 33971	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	FRANCISCO MORALES	
43 STREET ADDRESS	12625 2nd St	
44 CITY - ST - ZIP	FT MYERS FL 33905	
51 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ALFREDO LOPEZ	
53 STREET ADDRESS	48-36 HUNTERS GREEN DR.	
54 CITY - ST - ZIP	FT MYERS FL 33905	
61 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MARCELINA PACHECO	
63 STREET ADDRESS	218 HANCOCK PKWY #7	
64 CITY - ST - ZIP	CAPE CORAL FL 33990	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Section 119.07(3)(b), 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 and name 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: *David Maldonado* DATE: **2-23-95** TELEPHONE: **813-332-7556**

SIGNATURE AND TYPE ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DAVID MALDONADO, PRESIDENT