

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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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FT MYERS FL 33905**

3. Date Incorporated or Qualified
03/07/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO Box 50058**

22 City & State

27 **126 Catalina St**

23 Zip

Country

28 **Ft Myers FL**

24 Zip

Country

29 **33905** 30 **fla**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALDONADO
MACDONALD, DAVID
4023 DESOTO AVE
FT MYERS FL 33916**

81 Name **DAVID MALDONADO**

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

83

84 City **Ft MYERS**

FL

85 Zip Code **33916**

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

David Maldonado, PASTOR

3-27-96

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 **PO** DELETE
NAME **MALDONADO, DAVID**
STREET ADDRESS **4023 DESOTO AVE**
CITY-ST-ZIP **FT MYERS FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **S** DELETE
NAME **MELENDEZ, DANICE**
STREET ADDRESS **3804 3RD ST**
CITY-ST-ZIP **N LEHIGH ACRES FL**

21 TITLE **S** Change Addition
22 NAME **Lnette M. Maldonado**
23 STREET ADDRESS **408 SE 16th St**
24 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **T** DELETE
NAME **MORALES, NANCY**
STREET ADDRESS **12625 2ND STREET**
CITY-ST-ZIP **FT. MYERS FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **DT** DELETE
NAME **MORALES, FRANCISCO**
STREET ADDRESS **12625 2ND ST**
CITY-ST-ZIP **FT MYERS FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **DT** DELETE
NAME **LOPEZ, ALFREDO**
STREET ADDRESS **48-30 HUNTERS GREEN DR**
CITY-ST-ZIP **FT MYERS FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **CD** DELETE
NAME **PACHEO, MARCELINA**
STREET ADDRESS **218 HANCOCK PKWY 7**
CITY-ST-ZIP **CAPE CORAL FL**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

David Maldonado

3-27-96

941-332-7556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)