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**May 19 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767338 (7)

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



Principal Place of Business 126 CATALINA STREET FT MYERS FL 33905	Mailing Address PO BOX 50058 126 CATALINA ST FT MYERS FL 33916-3911 US
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3. Date Incorporated or Qualified 03/07/1983	3a. Date of Last Report 04/02/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1788846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALDONADO, DAVID	
STREET ADDRESS	4023 DESOTO AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALDONADO, LINETTE M	
STREET ADDRESS	408 SE 16TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORALES, NANCY	
STREET ADDRESS	12625 2ND STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MORALES, FRANCISCO	
STREET ADDRESS	12625 2ND ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ALFREDO	
STREET ADDRESS	48-30 HUNTERS GREEN DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PACHEO, MARCELINA	
STREET ADDRESS	218 HANCOCK PKWY 7	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCISCO, RICARDO	
1.3 STREET ADDRESS	355 FAIR JAX DR	
1.4 CITY-ST-ZIP	FT MYERS FL 33905-2504	
2.1 TITLE	FR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOMINGO, MARCIAL	
2.3 STREET ADDRESS	4830 HUNTERS GREEN DR.	
2.4 CITY-ST-ZIP	FT. MYERS, FL	
3.1 TITLE	FR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MALDONADO, JULIA	
3.3 STREET ADDRESS	2700 SW 3RD ST.	
3.4 CITY-ST-ZIP	LEHIGH ACRES, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *[Signature]* **RECORDED MALDONADO** Date: **5/1/97** Daytime Phone #: **941 332-7556**

CR2E037 (9/96)