

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33905 US
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3. Date Incorporated or Qualified
03/07/1983

4. FEI Number
59-1788846

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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)	FL
83	
84 City	

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 **Armando Pacheco - S** *Armando Pacheco* **03 09 98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistening) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, DAVID	1.2 NAME	
STREET ADDRESS	4023 DESOTO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, LINETTE M	2.2 NAME	Secretary Armando Pacheco
STREET ADDRESS	408 SE 18TH ST	2.3 STREET ADDRESS	1409 SE 20th. Pl.
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, Fl. 33990
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, NANCY	3.2 NAME	Danice Melendez
STREET ADDRESS	12825 2ND STREET	3.3 STREET ADDRESS	3804 3rd st. W.
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Lehigh Acres, Fl.
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, FRANCISCO	4.2 NAME	
STREET ADDRESS	12825 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, RICARDO	5.2 NAME	
STREET ADDRESS	355 FAIRFAX DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHEO, MARCELINA	6.2 NAME	CP Rivera, Marcelina
STREET ADDRESS	218 HANCOCK PKWY 7	6.3 STREET ADDRESS	1409 SE 20th Pl.
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	Cape Coral, Fl. 33990

14. I 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: **Armando Pacheco** *Armando Pacheco* **030998**

CR2E037 (10/97)