

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 # 769259

(3)

1. Corporation Name

JUVENTUD EVANGELICA, INC.



Principal Place of Business

Mailing Address

C/O MR. & MRS. VICTOR D. LOPEZ
MACOMA 139, SHELL POINT VILLAGE
FT MYERS FL 33908

C/O MR. & MRS. VICTOR D. LOPEZ
MACOMA 139, SHELL POINT VILLAGE
FT MYERS FL 33908

3. Date Incorporated or Qualified
07/07/1983

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2439292

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, VICTOR D.
MACOMA 139
SHELL POINT VILLAGE
FT MYERS FL 33908

Same Agent-
Address Revised
by POST OFFICE
REQUEST

81 Name LOPEZ, VICTOR D.

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

SHELL POINT VILLAGE

83 139 MACOMA COURT

84 City FT. MYERS, FL

FL

85 33908.

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

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 PD ☐ DELETE
NAME LOPEZ, VICTOR D.
STREET ADDRESS MACOMA 139 SHELL PT VILL
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VO ☐ DELETE
NAME REIFSNYDER, MARGARET
STREET ADDRESS 827 AMBASSADOR LOOP
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME LOPEZ, CTHEL O.
STREET ADDRESS MACOMA 139 SHELL PT VILL
CITY-ST-ZIP FORT MYERS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE BM ☐ DELETE
NAME MANSFIELD, LORRAINE A
STREET ADDRESS 9315 STERLING LANE
CITY-ST-ZIP PORT RICHEY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~BM~~ ☒ DELETE
NAME ~~RODRIGUEZ, LOUISA,~~
STREET ADDRESS ~~30 MONTROSE AVE., #12-T~~
CITY-ST-ZIP ~~BROOKLYN, NYC 11206.~~

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME BM
5.3 STREET ADDRESS RODRIGUEZ, LOUISA,
5.4 CITY-ST-ZIP 30 MONTROSE AVE., APT. 12-T,
BROOKLYN NYC 11206.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

(941) 866-1194

(941) 866-1194

CR2E037 (12/95)