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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Mailing Address

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  
01/29/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2439292

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

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

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

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

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

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

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

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

TITLE BM  
NAME RODRIGUEZ, LOUISA  
STREET ADDRESS 30 MONTROSE AVE., APT. 12-T  
CITY-ST-ZIP BROOKLYN NY

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

*Victor D. Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17 1997

(941)-466-1190

Date

Daytime Phone # 0070306

CR2E037 (9/96)