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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769259

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



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

3. Date Incorporated or Qualified

07/07/1983

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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)

JAN 11 1999

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

VICTOR D. LOPEZ

JAN. 11, 1999

(941) 466-1194.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)