## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 834793**

1. Corporation Name

LATIN AMERICAN CHURCH, INC.

Principal Place of Business
4653 E. 10 LANE
HIALEAH FL 33013-2111

Mailing Address

4653 E. 10 LANE HIALEAH FL 33013-2111

## FILED Apr 15, 1999 8:00 am Secretary of State

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Sulte, Apt. #, etc. 22] Sulte, Apt. #, etc. 23] Sulte, Apt. #, etc. 23] Sulte, Apt. #, etc. 23] City & State 23] City & State 24] City & State 25] Country 26] Country 27] Country 28] Country 28] Country 29] Country 29] Country 30] Trust Fund Contribution 35,00 Away Be Added to Fees  9. Name and Address of Current Registered Agent  CANTILLO, PEDRO H. 20022 NW, 55TH COURT MAMIFL 33055  44 City 4 City 4 City 4 City 5 Street Address (P.O. Box Number is Not Acceptable)  282 Street Address (P.O. Box Number is Not Acceptable)  283 Street Address (P.O. Box Number is Not Acceptable)  284 City 4 City 5 Street Address (P.O. Box Number is Not Acceptable)  285 Street Address (P.O. Box Number is Not Acceptable)  286 Street Address (P.O. Box Number is Not Acceptable)  287 Street Address (P.O. Box Number is Not Acceptable)  288 Street Address (P.O. Box Number is Not Acceptable)  289 Street Address (P.O. Box Number is Not Acceptable)  280 Street Address (P.O. Box Number is Not Acceptable)  280 Street Address (P.O. Box Number is Not Acceptable)  281 Street Address (P.O. Box Number is Not Acceptable)  282 Street Address (P.O. Box Number is Not Acceptable)  283 Street Address (P.O. Box Number is Not Acceptable)  284 City 4 City	2. Principal Pl	Ptace of Business 2a. Mailing Address -				3. Date Incorporated or Qualifed			
Not Applicable   Not	21		26			07/31/1975			
City & State   23   City & State   28   State   28   State   28   State   28   State   28   State   29   Country   2   Country   2   Country   3   5   Election Campaign Financing   Trust Fund Contribution   Added to Fees   State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	· · ·		
22   Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Fee Required	22	2 27							
Zip   Country   Zip   Country   St. D0 May Be   Added to Fees						5. Certificate of Status Desired			
Section   Personal Contribution   Added to Fees   No. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name	<del>_</del>					6. Election Campaign Financing	\$5.00	May Be	
9. Name and Address of Current Registered Agent  CANTILLO, PEDRO H. 20822 N.W. 55TH COURT MIAMI FL 33055  82 Sireet Address (P.O. Box Number is Not Acceptable)  83 Sireet Address (P.O. Box Number is Not Acceptable)  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 agent. I am femiliar with, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligations of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, Prior Statutes, and accept the obligation of, Section 617.0507, P	<del>-</del>					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
CANTILLO, PEDRO H. 20822 N.W. 55TH COURT MIAMI FL 33055  82 Street Address (P.O. Box Number is Not Acceptable)  83 A 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 agent, and armillar with, and accept the collipsions of, Section 617,050, Florida Statutes, the above-named corporation's board of directors. I hareby accept the appointment as registered agent, and familiar with, and accept the collipsions of, Section 617,050, Florida Statutes.  SIGNATURE			Registered Agent			10. Name and Address of New Registered	Agent		
20822 N.W. 55TH COURT MIAMI FL 33055  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutues, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida. Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE SD DELETE 1.1 TITLE SD CANTILLO, PEDRO REV 1.2 PAWE 1.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE SD CANTILLO, PEDRO REV 1.3 STREET ADDRESS 1.4 TITLE SD CANTILLO STREET ADDRESS 1.5 TITLE SD STREET ADDRES				81	Name		•	- 1	
20822 N.W. 55TH COURT MIAMI FL 33055  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutues, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida. Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE SD DELETE 1.1 TITLE SD CANTILLO, PEDRO REV 1.2 PAWE 1.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE SD CANTILLO, PEDRO REV 1.3 STREET ADDRESS 1.4 TITLE SD CANTILLO STREET ADDRESS 1.5 TITLE SD STREET ADDRES	CANTILLO	DENON H		80	Ct-oot Addre	and (D.O. Boy Number in Not Acceptable)			
MAMI FL 33055    84   City   FL   85   Zip Code				62	82 Street Address (P.O. Box Number is Not Acceptable)				
### City ### Labove				83					
The Pursuant to the provisions of Sections 617 (502 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 office or registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIG	MIAMI FL								
T1. 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, and accept the obligations of, Section 617.0502, Priorida Statutes.  SIGNATURE  Signature. Signature. Speed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent sognature in required when reinstation)  DELETE  12. OFFICERS AND DIRECTORS IN 12  TITLE  CANTILLO, PEDRO REV  STREET ADDRESS  TITLE  CHANGE  STREET ADDRESS  TITLE  NAME  ROSA E. CANTILLO  DELETE  13. STREET ADDRESS  TITLE  ACTIV-ST-ZP  MIAMI FL  LOTH-ST-ZP  ACTIV-ST-ZP  ACTIV-ST-ZP  AMAMENAMI FL  DAMARYS W. VAZQUEZ  20264 NW 55TH CT.  32. STREET ADDRESS  STREET ADDRES		्र क्री		84	City	E۱	85 Zip C	ode	
office or registered agent, or both, in the State of Honda. Such change was authorized by the proportions board of directors. Hereby accept the approximent as registered agent, or both, and accept the obligations of, Section 617,0503, Florids Statutes.  SIGNATURE    12.	44 5		2 C47 4E00 F1	the et al.	named some		changing its	registered	
12	office or r	opietored agent or both in the State (	of Florida. Such change was autho	nnzen bv	tha corporatio	oration subtritis this statement for the purpose or in's board of directors. I hereby accept the appoi	ntment as reg	istered	
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1	SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	jistered Agen	t signature required				
NAME CANTILLO, PEDRO REV  STREET ADDRESS  20622 NW 55TH CT  MIAMI FL  TITLE  V  CITY-ST-ZIP  MIAMI FL  J ACITY-ST-ZIP  MIAMI FL  J ACITY-ST-ZIP  MIAMI FL  J Change   Addition	12.			13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
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CITY_ST_ZP  MIAMI FL				1.3 STREET	ADDRESS				
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NAME		V.	□ DELETE .				Change	Addition	
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MIAMI FL					ADDRESS				
TITLE									
NAME   DAMARYS W. VAZQUEZ   3.2 NAME   3.3 STREET ADDRESS   20264 NW 55TH CT.   3.3 STREET ADDRESS   20264 NW 55TH CT.   3.4 CITY-ST-ZIP			□ nei ete		1-217		Change	Addition	
STREET ADDRESS   20264 NW 55TH CT.   3.3 STREET ADDRESS	•	<del>-</del>	Dicere			•		<b>-</b> ,	
MIAMI FL	NAME		j			·	•		
TITLE	STREET ADDRESS		1			• "			
NAME VAZQUEZ, VICTOR M.  \$TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SITTLE SITTL					T-ZIP		Change	- Addition	
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## CITY-ST-ZIP   MIAMI FL	NAME								
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NAME	CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP				
STREET ADDRESS	TITLE '	-	☐ DELETE				∐ Change	∟ Addition	
54 CITY-ST-ZIP	NAME		J	5.2 NAME			•		
TITLE DELETE 6.1 TITLE Change Addition  NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			5.3 STREET	ADDRESS	,		i	
TITLE G.1 TITLE G.2 NAME  NAME  STREET ADDRESS  G.3 STREET ADDRESS  G.3 STREET ADDRESS	CITY-ST-ZIP				T-ZIP	·			
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STREET ADDRESS 6.3 STREET ADDRESS			J	6.2 NAME		•			
			•	6.3 STREET	ADDRESS	• .			
	Trat CITY-ST-ZIP	·		6.4 CITY-S	T-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 any patients, with all other like empowered.