

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 # **F93000000741 (9)**

1. Corporation Name

**SPANISH EASTERN DISTRICT, INC. OF THE CHRISTIAN
& MISSIONARY ALLIANCE**



Principal Place of Business

Mailing Address

**306 W. LANCASTER ROAD
ORLANDO FL 32809**

**P.O. BOX 593747
ORLANDO FL 32859**

3. Date Incorporated or Qualified
02/12/1993

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **2590 S.R. ST**

26 **2590 J.R. ST**

4. FEI Number

23-2685199

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

☐ Yes ☐ No

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

ORLANDO, FL

ORLANDO, FL

24 Zip Country

29 Zip Country

32839

FL

32839

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTIAGO, CARLOS
2590 J.R. STREET
ORLANDO FL 32839**

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	P	<input type="checkbox"/> DELETE
NAME	SANTIAGO, CARLOS	
STREET ADDRESS	2590 J.R. STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REALPE, MARCELO	
STREET ADDRESS	313 6TH AVE.	
CITY-ST-ZIP	PATTERSON NJ 07524	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	IBANEZ, JORGE	
STREET ADDRESS	2175 HUGHES AVE.	
CITY-ST-ZIP	BRONX NY 10457	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUQUE RAFAEL	
STREET ADDRESS	90-31 202ND ST	
CITY-ST-ZIP	HOLLIS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDINA, PORFIRIO	
STREET ADDRESS	57 MORRIS AVE.	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUZMAN, JULIO	
STREET ADDRESS	13248 SW 29TH ST.	
CITY-ST-ZIP	MIAMI FL 33175	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rafael Duque - RAFAEL DUQUE

4/29/96

Date

Daytime Phone #

CR2E037 (12/95)