

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000741 (9)**

1. Corporation Name

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

Principal Place of Business

**2590 J.R. STREET
ORLANDO FL 32839
US**

Mailing Address

**2590 J.R. STREET
ORLANDO FL 32839
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1993		3a. Date of Last Report 06/14/1996	
21 13248 SW 29 St		26 13248 SW 29 St.		4. FEI Number 23-2685199		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Miami, FL		28 City & State Miami FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33175		25 Country US		29 Zip 33175		30 Country US	
g. 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 **Julio Guzman**

82 Street Address (P.O. Box Number is Not Acceptable)
13248 SW 29 St.

83

84 City **MIAMI**

FL

85 Zip Code
33175

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 **Julio Guzman, V.P.**

Signature, typed or printed name of registered agent and title if applicable.

Julio A. Guzman Jr.

(NOTE: Registered Agent signature required when reinstating)

8/2/97

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANTIAGO, CARLOS			1.2 NAME	Marcelo Realpe		
STREET ADDRESS	2590 J.R. STREET			1.3 STREET ADDRESS	114 Albion St		
CITY-ST-ZIP	ORLANDO FL 32839			1.4 CITY-ST-ZIP	Passaic, NJ 07055		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REALPE, MARCELO			2.2 NAME	Julio Guzman		
STREET ADDRESS	313 6TH AVE.			2.3 STREET ADDRESS	13248 SW 29 St		
CITY-ST-ZIP	PATTERSON NJ 07524			2.4 CITY-ST-ZIP	Miami, FL 33175		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUQUE RAFAEL			3.2 NAME			
STREET ADDRESS	90-31 202ND ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLIS NY			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDINA, PORFIRIO			4.2 NAME	Felipe Ibanez		
STREET ADDRESS	57 MORRIS AVE.			4.3 STREET ADDRESS	28 Westminister St.		
CITY-ST-ZIP	SUMMIT NJ 07901			4.4 CITY-ST-ZIP	Hyde Park, MA 02136		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUZMAN, JULIO			5.2 NAME	Hector Castro		
STREET ADDRESS	13248 SW 29TH ST.			5.3 STREET ADDRESS	2815 West Glen Dr, Apt 34		
CITY-ST-ZIP	MIAMI FL 33175			5.4 CITY-ST-ZIP	Falls Church, VA 22046		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E037 (4/97)