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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE • Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000741 (9)**
Corporation Name

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



Principal Place of Business 13248 SW 29TH ST MIAMI FL 33175 US	Mailing Address 13248 SW 29TH ST MIAMI FL 33175 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/12/1993
4. FEI Number 23-2685199
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GUZMAN, JULIO 13248 SW 29TH ST MIAMI FL 33175

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	REALPE, MARCELO
STREET ADDRESS	814 ALBION ST
CITY-ST-ZIP	PASSAIE NJ
TITLE	VP <input type="checkbox"/> DELETE
NAME	GUZMAN, JULIO
STREET ADDRESS	13248 SW 29TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DUQUE RAFAEL
STREET ADDRESS	90-31 202ND ST
CITY-ST-ZIP	HOLLIS NY
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	IBANEZ, FELIPE
STREET ADDRESS	38 WESTMINSTER ST
CITY-ST-ZIP	HYDE PARK MA
TITLE	D <input type="checkbox"/> DELETE
NAME	CASTRO, HECTOR
STREET ADDRESS	2815 W GLEN DR APT 34
CITY-ST-ZIP	FALLS CHURCH VA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	NA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LUIS VELASQUEZ
3.3 STREET ADDRESS	11220 Beaver Trail Ct
3.4 CITY-ST-ZIP	RESTON, VA 20192
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUIS CARRASQUILLO
4.3 STREET ADDRESS	69 Randolph Ave.
4.4 CITY-ST-ZIP	Dover, NJ 07801
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Roberto Lugo
5.3 STREET ADDRESS	323-25 West Rockland St
5.4 CITY-ST-ZIP	Philadelphia, PA 19120
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARLOS SANTIAGO
6.3 STREET ADDRESS	2590 J.R. St.
6.4 CITY-ST-ZIP	ORLANDO, FL 32839

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.

SIGNATURE _____ 5/1/98 (205) 230 1740

CR2E037 (10/97)