

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Magrath
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:16

DOCUMENT # F93000003198 (9)

1. Corporation Name

MINISTERIO DE CAPELLANES "EL EJERCITO DE JESUCRISTO INC".

Principal Place of Business

Mailing Address

206 CHILLINGHAM LANE
POINCIANA FL 34758

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POINCIANA FL 34758

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1993	3a. Date of Last Report 04/08/1994
4. FEI Number 52-1810379	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JUAN N REV
206 CHILLINGHAM LANE
POINCIANA FL 34758

81 Name	Gonzalez Juan N.
82 Street Address (P.O. Box Number is Not Acceptable)	206 Chillingham Lane
83	
84 City	Poinciana FL
85 Zip Code	34758

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JUAN N	1.2 NAME	
STREET ADDRESS	206 CHILLINGHAM LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	POINCIANA FL 34758	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ADA N	2.2 NAME	
STREET ADDRESS	2606 BIRCHWOOD AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34744	2.4 CITY - ST - ZIP	
TITLE	GD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, ROBERTO	3.2 NAME	S.D
STREET ADDRESS	110 S. 5TH STREET	3.3 STREET ADDRESS	Marta Montalvo
CITY - ST - ZIP	HAINES CITY FL 33844	3.4 CITY - ST - ZIP	Calle 2 Casa 11 Buzon 11 B9 Pueblo Nuevo, MARIACA0 PR00606
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ROSA M	4.2 NAME	TD
STREET ADDRESS	206 CHILLINGHAM LANE	4.3 STREET ADDRESS	Pablo Montalvo
CITY - ST - ZIP	POINCIANA FL 34758	4.4 CITY - ST - ZIP	171 Villa Soledad B9 Rio Hondo - Mayaguez, PR 00680
TITLE	GD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEANDIA, JUAN NICOLAS G REV	5.2 NAME	C.D
STREET ADDRESS	200 CHILLINGHAM LANE	5.3 STREET ADDRESS	Hernandez, Rosa M.
CITY - ST - ZIP	POINCIANA FL 34758	5.4 CITY - ST - ZIP	206 Chillingham Lane Poinciana FL 34758
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CECILIO R	6.2 NAME	
STREET ADDRESS	CALLE RUBI 55 VILLA ALEGRIA	6.3 STREET ADDRESS	
CITY - ST - ZIP	AGUADILLA PR	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)(4), 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:

Juan N. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan N. Gonzalez

REMITTED BY MAY 1

3/14/95 OAK Post Office