

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 # **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

3. Date Incorporated or Qualified **07/12/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number **52-1810379** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JUAN N
206 CHILLINGHAM LANE
POINCIANA FL 34758

*609 Bayport Dr
Kissimmee, FL 34758*

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]
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	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JUAN N	
STREET ADDRESS	206 CHILLINGHAM LANE	
CITY - ST - ZIP	POINCIANA FL 34758	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTANEZ, PABLO	
STREET ADDRESS	171 VILLA SOLE DO	
CITY - ST - ZIP	RIO HONDO PR	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MONTELO, MARTA	
STREET ADDRESS	CALLE 1 CASA 11 BUZON 11	
CITY - ST - ZIP	PUEBLO NUERO MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ROSA M	
STREET ADDRESS	206 CHILLINGHAM LANE	
CITY - ST - ZIP	POINCIANA FL 34758	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, ROSA M	
STREET ADDRESS	206 CHILLINGHAM LANE	
CITY - ST - ZIP	POINCIANA FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CECILIO R	
STREET ADDRESS	CALLE RUBI 55 VILLA ALEGRIA	
CITY - ST - ZIP	AGUADILLA PR	

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GONZALEZ, JUAN N.	
13 STREET ADDRESS	609 Bayport Dr.	
14 CITY - ST - ZIP	KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HERNANDEZ, ROSA M	
43 STREET ADDRESS	609 Bayport Dr.	
44 CITY - ST - ZIP	KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	GONZALEZ, ADA N	
53 STREET ADDRESS	2406 Birchwood Ave	
54 CITY - ST - ZIP	KISSIMMEE, FL 34744	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)