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Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

806 CHILLINGHAM LANE POINCIANA FL 34768  
609 Bayport Dr. KISSIMMEE, FL 34758  
806 CHILLINGHAM LANE POINCIANA FL 34768-2032  
609 Bayport Dr. KISSIMMEE, FL 34758

3. Date Incorporated or Qualified 07/12/1993  
3a. Date of Last Report 04/19/1996

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country  
25 Zip Country  
26 Mailing Address  
27 Suite, Apt #, etc.  
28 City & State  
29 Zip Country  
30 Zip Country

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  
GONZALEZ, JUAN N  
809 BAYPORT DRIVE  
KISSIMMEE FL 34758

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

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	PD	1.1 TITLE	
NAME	GONZALEZ, JUAN N.	1.2 NAME	
STREET ADDRESS	609 BAY PORT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	MONTANEZ, PABLO	2.2 NAME	
STREET ADDRESS	171 VILLA SOLE DO	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIO HONDO PR	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	MONTRULO, MARTA	3.2 NAME	
STREET ADDRESS	CALLE 1 CASA 11 BUZON 11	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUEBLO NUERO MA	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	HERNANDEZ, ROSA M	4.2 NAME	
STREET ADDRESS	609 BAYPORT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	GONZALEZ, ADA N.	5.2 NAME	
STREET ADDRESS	2608 BIRCHWOOD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	VCD	6.1 TITLE	
NAME	RODRIGUEZ, CECILIO R	6.2 NAME	
STREET ADDRESS	CALLE RUIB 55 VILLA ALEGRIA	6.3 STREET ADDRESS	
CITY-ST-ZIP	AQUADILLA PR	6.4 CITY-ST-ZIP	

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	VCD	Change	Addition
6.2 NAME	CONSUELO Riteguia		
6.3 STREET ADDRESS	CALLE TOLOSA GG-4 SULTANA PARR		
6.4 CITY-ST-ZIP	MAYAGUEZ, PUERTO RICO 00680		

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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 Date

Daytime Phone # 0070307

CR2E037 (9/96)