

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03719** (4)

1. Corporation Name

IGLESIA EVANGELICA MENONITA HISPANA SEGUIDORES D E CRISTO, INC.

Principal Place of Business

Mailing Address

1001 PONDER AVE.
SARASOTA FL 34278

1001 PONDER AVE.
SARASOTA FL 34278

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1984	3a. Date of Last Report 07/11/1994
4. FEI Number 38-1306376	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 checked="" 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		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

RIVERA, JUAN J.
1001 PONDER AVE.
SARASOTA FL 34232

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, JOSEFA	1.2 NAME	
STREET ADDRESS	2824 INDIAN WOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARA FL 34232	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARIO	2.2 NAME	
STREET ADDRESS	3185 WOOD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALMA	3.2 NAME	MAYRA DE CESPEDAS
STREET ADDRESS	1001 PONDER AVE.	3.3 STREET ADDRESS	533 CONRAD AVE.
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	SARA, FL. 34237
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, RAUL P	4.2 NAME	
STREET ADDRESS	709 WOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARA FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CESPEDAS, ISMAEL	5.2 NAME	
STREET ADDRESS	533 CONRAD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, JUAN J.	6.2 NAME	
STREET ADDRESS	1001 PONDER AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95

Date

Signature Page #