

**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 # N03719 (4)**

**1. Corporation Name**  
**IGLESIA EVANGELICA MENONITA HISPANA SEGUIDORES D  
E CRISTO, INC.**



**Principal Place of Business**      **Mailing Address**  
**1001 PONDER AVE.**      **1001 PONDER AVE.**  
**SARASOTA FL 34278**      **SARASOTA FL 34278**

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**06/15/1984**      **03/02/1995**

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b>	<b>Applied For</b>
<b>21</b>	<b>26</b>	<b>38-1306376</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>23</b>	<b>28</b>		
Zip	Country		
<b>24</b>	<b>25</b>		
Zip	Country		
<b>29</b>	<b>30</b>		

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 re-stating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>VAZQUEZ, JOSEFA</b>	<b>1.2 NAME</b>	<b>VASMIN BERRERO</b>
<b>STREET ADDRESS</b>	<b>2824 INDIAN WOOD DRIVE</b>	<b>1.3 STREET ADDRESS</b>	<b>1385 TUTTLE AVS</b>
<b>CITY-ST-ZIP</b>	<b>SARA FL 34232</b>	<b>1.4 CITY-ST-ZIP</b>	<b>SARASOTA, FL 34239</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MARTIN, MARIO</b>	<b>2.2 NAME</b>	<b>RAUL ACOSTA</b>
<b>STREET ADDRESS</b>	<b>3185 WOOD ST.</b>	<b>2.3 STREET ADDRESS</b>	<b>709 WOOD LN</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL 34237</b>	<b>2.4 CITY-ST-ZIP</b>	<b>SRST, FL 34232</b>
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DECESPEDES, MAYRA</b>	<b>3.2 NAME</b>	<b>BEATRICE ALONSO</b>
<b>STREET ADDRESS</b>	<b>533 CONRAD AVE</b>	<b>3.3 STREET ADDRESS</b>	<b>3337 WOODMONT</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL</b>	<b>3.4 CITY-ST-ZIP</b>	<b>SRST, FL 34232</b>
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ACOSTA, RAUL P</b>	<b>4.2 NAME</b>	<b>YOYANY OVALLE</b>
<b>STREET ADDRESS</b>	<b>709 WOOD LANE</b>	<b>4.3 STREET ADDRESS</b>	<b>446 LIME AV N</b>
<b>CITY-ST-ZIP</b>	<b>SARA FL</b>	<b>4.4 CITY-ST-ZIP</b>	<b>SRST, FL 34237</b>
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DE CESPEDES, ISMAEL</b>	<b>5.2 NAME</b>	<b>ELENA RIVERA</b>
<b>STREET ADDRESS</b>	<b>533 CONRAD AVE</b>	<b>5.3 STREET ADDRESS</b>	<b>3434 DUDLEY AV</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL 34237</b>	<b>5.4 CITY-ST-ZIP</b>	<b>SARASOTA, FL 34232</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>RIVERA, JUAN J.</b>	<b>6.2 NAME</b>	<b>JUAN J RIVERA</b>
<b>STREET ADDRESS</b>	<b>1001 PONDER AVE.</b>	<b>6.3 STREET ADDRESS</b>	<b>3434 DUDLEY AV</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA FL 34232</b>	<b>6.4 CITY-ST-ZIP</b>	<b>SARASOTA, FL 34235</b>

**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:** Juan José Rivera      3-6-96      377-8198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)