

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

CORPORATION  
ANNUAL REPORT  
1995 5-1-95



FLORIDA DEPARTMENT OF STATE  
B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:11

DOCUMENT # **N03746** (7)  
1. Corporation Name  
**FIRST SPANISH ASSEMBLY OF LEHIGH ACRES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**2221 JOEL BLVD** **2221 JOEL BLVD**  
**PO BOX 321** **PO BOX 321**  
**LEHIGH ACRES FL 33970-0321** **LEHIGH ACRES FL 33970-0321**

3. Date Incorporated or Qualified **06/19/1984** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

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

5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
(8) This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CRUZ, JORGE LUIS**  
**12644 3RD ST SE**  
**FT MYERS FL 33905**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>CRUZ, JORGE LUIS</b> <b>12644 3RD ST SE</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>WILFREDO, VELAZQUEZ</b> <b>1327 SHADY STREET</b> <b>LEHIGH ACRES FL 33936</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>CRUZ, ROSITA</b> <b>12644 3RD ST.</b> <b>FT. MYERS FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**Treasurer**  
**Pauline Santiago**  
**13602 Caribbean Blvd.**  
**Fort Myers, FL 33905**

**Deacon**  
**Maria Lima**  
**512 Layton Place**  
**Leigh Acres, FL 33936**

**Deacon**  
**Dolores Reyes**  
**1300 Woodward Court**

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 110.02(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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: Jorge Luis Cruz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95  
Date Daytime (Hours)