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NONPROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:



N03746

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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DIVISION OF CORPORATIONS
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FIRST S	Name SPANISH ASSEMBLY OF I	LEHIGH ACRES,	INC.						
Principal Place o	of Business	Mailing Address	3			) induling air baide tillir jangi ainir	) Mill B1841 ALB	121 <b>01011 01011</b>	
2221 JOEL BLVD PO BOX 321 LEHIGH ACRES FL 33970-0321		2221 JOEL BLVD PO BOX 321 LEHIGH ACRES FL 33970-0321			3. Date Incorporated or Qualified 3a. Date of Last Report				
						06/19/1984		05/01/19	
2. Principal Plac	ce of Business	2a. Mailing Addr	ress			4. FEI Number NOT APPLICABLE			polied For
1		26 Suite, Apt. #	t oto			NOT ATTEIOABLE			ot Applicable Additional
Suite, Apt. #	, etc.	27 Suite, Apr. #	7, <del>6</del> 16.			Certificate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing	<u></u>	\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	-	Country		This corporation has liability for Florida Statutes	intangible ta Yes		199.032,
4]	25 9. Name and Address of Curre	29 29 Agent		<u> </u>		10. Name and Address of New F		·	
	3. Hallie and Addices of Con-			81	Name		.=		
CRU7 JC	ORGE LUIS			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
	RD ST SE			62	Street Actor	least to box Harrison is 1100 recoped	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	RS FL 33905			83					
				84	City			<b>85</b> Zip	Code
•				1	' '		FL	_	
or registers	the and accept the obligations of Se	onda. Such change wa: action 617.0503. Florida	s autnorized i a Statutes.	by the corp	oration's bod	• • • • • • • • • • • • • • • • • • • •			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable				ration submits this statement for the purd of directors. I hereby accept the application of directors and the statement of the purpose of the statement of the	DATE		
SIGNATURE _	Signature, typed or printed name of registered ag		этси)	Registored Age		oc when reinstating!  ADDITIONS/CHANGES TO GET	DATE	<del>onine</del> cto	HENNE -
SIGNATURE	Signature, typed or printed name of rigistered ag OFFICERS A PD CRUZ, JORGE LUIS	gert and tille if applicable	этси)	Registored Age	nt signature require	us when reinstating:  ADDITIONS/CHANGESTA OF  -05/17.	DATE FIGERS AN 7960	<del>onine</del> cto	He Man
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SIGNATURE  12.  THE  NAME  STREET ADDRESS  CHY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD CRUZ, JORGE LUIS 12644 3RD ST SE FT MYERS FL	gert and tile if applicable AND DIRECTORS	(NOTE	Registored Age 13. 11 THLE 12 NAME 1.3 STREE 1.4 CITY-	nt signature require	us when reinstating:  ADDITIONS/CHANGESTA OF  -05/17.	DATE FIGERS AN 7960	*****	15/15/15/15/15/15/15/15/15/15/15/15/15/1
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JORGE Luis CRUZ