

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 10 PM 3:48

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



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

3. Date Incorporated or Qualified: 06/19/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

*12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	
NAME	CRUZ, JORGE LUIS	1.2 NAME	
STREET ADDRESS	12644 3RD ST SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	WILFREDO, VELAZQUEZ	2.2 NAME	
STREET ADDRESS	1327 SHADY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	CRUZ, ROSITA	3.2 NAME	
STREET ADDRESS	12644 3RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SANTIAGO, PAULINE	4.2 NAME	
STREET ADDRESS	13602 CARRIBBEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LIMA, MARIA	5.2 NAME	
STREET ADDRESS	512 LAYTON PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	REYES, DOLORES	6.2 NAME	
STREET ADDRESS	1300 WOODWARD CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	6.4 CITY-ST-ZIP	

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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: Jorge Luis Cruz JORGE LUIS CRUZ
DATE: 5-7-96

CR2E037 (12/95)