

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 03 1997 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>2221 JOEL BLVD<br/>                 PO BOX 321<br/>                 LEHIGH ACRES FL 33970-0321</b> | Mailing Address<br><b>2221 JOEL BLVD<br/>                 PO BOX 321<br/>                 LEHIGH ACRES FL 33970-0321</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/19/1984</b> | 3a. Date of Last Report<br><b>05/10/1996</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b> | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b> |
|---|--|

|  |   |
|--|---|
| 4. FEI Number<br><b>NOT APPLICABLE</b>   | Applied For<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required   |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|  |  |  |  |  |  |             |  |
|--|--|--|--|--|--|-------------|--|
| 9. Name and Address of Current Registered Agent<br><b>CRUZ, JORGE LUIS -<br/>                 12644 3RD ST SE<br/>                 FT MYERS FL 33905</b> |  |  |  | 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 |  |
|  |  |  |  |  | <b>FL</b>  |             |  |

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 |                       |                                 |
|----------------------------|-----------------------|---------------------------------|
| TITLE                      | PO                    | <input type="checkbox"/> DELETE |
| NAME                       | CRUZ, JORGE LUIS      |                                 |
| STREET ADDRESS             | 12644 3RD ST SE       |                                 |
| CITY-ST-ZIP                | FT MYERS FL           |                                 |
| TITLE                      | TD                    | <input type="checkbox"/> DELETE |
| NAME                       | WILFREDO, VELAZQUEZ   |                                 |
| STREET ADDRESS             | 1327 SHADY STREET     |                                 |
| CITY-ST-ZIP                | LEHIGH ACRES FL 33936 |                                 |
| TITLE                      | SD                    | <input type="checkbox"/> DELETE |
| NAME                       | CRUZ, ROSITA          |                                 |
| STREET ADDRESS             | 12644 3RD ST.         |                                 |
| CITY-ST-ZIP                | FT. MYERS FL          |                                 |
| TITLE                      | T                     | <input type="checkbox"/> DELETE |
| NAME                       | SANTIAGO, PAULINE     |                                 |
| STREET ADDRESS             | 13602 CARRIBBEAN BLVD |                                 |
| CITY-ST-ZIP                | FT MYERS FL           |                                 |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |
| NAME                       | LIMA, MARIA           |                                 |
| STREET ADDRESS             | 512 LAYTON PLACE      |                                 |
| CITY-ST-ZIP                | LEHIGH ACRES FL       |                                 |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |
| NAME                       | REYES, DOLORES        |                                 |
| STREET ADDRESS             | 1300 WOODWARD CT      |                                 |
| CITY-ST-ZIP                | LEHIGH ACRES FL       |                                 |

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

693-9487

CR2E037 (9/96)