


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1430 Homestead Rd 27 Suite, Apt. #, etc. 28 Lehigh Acres Florida 29 33970-0321 30 Lee
---	---

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, PAULINE	4.2 NAME	
STREET ADDRESS	13002 CARRIBBEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

14. I 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.

SIGNATURE: Jorge Luis Cruz Jorge Luis Cruz 7-12-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)