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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90123 046 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03746**

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 1430 HOMESTEAD RD LEHIGH ACRES FL 33970-321 US
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2. Principal Place of Business 21 <b>1430 HOMESTED RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>LEHIGH ACRES FL</b> Zip Country 24 <b>33970</b> 25 <b>LEE</b>	2a. Mailing Address 26 <b>P.O. BOX 321</b> Suite, Apt. #, etc. 27 City & State 28 <b>LEHIGH ACRES FL</b> Zip Country 29 <b>33970-321</b> 30 <b>LEE</b>	3. *Date Incorporated or Qualified <b>06/19/1984</b>	4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 <b>WILFREDO, VELAZQUEZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1125 NAVAJO AVE.</b> 83 84 City <b>LEHIGH ACRES</b> FL 85 Zip Code <b>33936</b>
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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 WILFREDO VELAZQUEZ *Wilfredo Velazquez* 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	CRUZ, JORGE LUIS 12644 3RD ST SE FT MYERS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	WILFREDO, VELAZQUEZ 1125 NAVAJO AVE. LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	WILFREDO, VELAZQUEZ 1327 SHADY STREET LEHIGH ACRES FL 33936	<input type="checkbox"/> DELETE	2.1 TITLE TD	LUIS IRIZARRY 107 W. LEELAND HEIGHTS LEHIGH ACRES FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	CRUZ, ROSITA 12644 3RD ST. FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	ROSA IRIS ALVAREZ 403 ALABAMA RD. S. LEHIGH ACRES FL 33936	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	LIMA, MARIA 512 LAYTON PLACE LEHIGH ACRES FL	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	REYES, DOLORES 1300 WOODWARD CT LEHIGH ACRES FL	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: WILFREDO VELAZQUEZ *Wilfredo Velazquez* DATE: 2-27-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)