

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N12278 (0)

1. Corporation Name
KARDECIAN SPIRITIST CONGREGATION, INC.



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| Principal Place of Business 1875 W. FLAGLER STREET P.O. BOX 524298 558934 MIAMI FL 33135 | Mailing Address 1875 W. FLAGLER STREET P.O. BOX 524298 558934 MIAMI FL 33135 |
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3. Date Incorporated or Qualified
01/10/1986

4. FEI Number
NOT APPLICABLE

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

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 9. Name and Address of Current Registered Agent COFINO PEDRO 2021 MERIDIAN AVE. #9 MIAMI BEAC FL 33139 | 10. Name and Address of New Registered Agent 81 Name DE LA PAZ, MANUEL 82 Street Address (P.O. Box Number is Not Acceptable) 2550 S.W. 27 Lane 83 84 City Miami FL 85 Zip Code 33133 |
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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: *Manuel de la Paz* *Sandra B. Mortham* **5-2-98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------------|--|--|
| TITLE PD | NAME SANCHEZ, JEMARIE | 1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME PD SENDRA, NIDIA |
| STREET ADDRESS 13940 OLD CUTLER RD. | CITY-ST-ZIP MIAMI FL | 1.3 STREET ADDRESS 7135 Collins Ave. Apt 1102 | 1.4 CITY-ST-ZIP Miami Beach Fl. 33141 |
| TITLE VD | NAME FERNANDEZ, CASIANO | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS 8895 SW 11TH STREET | CITY-ST-ZIP MIAMI FL | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| TITLE TD | NAME FERNANDEZ, NORMA | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS 8895 S.W. 11TH STREET | CITY-ST-ZIP MIAMI FL | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE SD | NAME FERNANDEZ, JAIME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS 11510 N.W. 30 PLACE | CITY-ST-ZIP SUNRISE FL | 4.3 STREET ADDRESS DE LA PAZ, MANUEL | 4.4 CITY-ST-ZIP 2550 S.W. 27 Lane Miami Fl 33133 |
| TITLE SD | NAME PEREZ-OSORIO, MARIA C. | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS 401 N.W. 107TH AVENUE, #105 | CITY-ST-ZIP MIAMI FL | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | 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: *Manuel de la Paz* *Sandra B. Mortham* **3-24-98** **305/8549499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026683

CR2E037 (10/97)