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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19534 (9)

1. Corporation Name

GENESIS CHRISTIAN CENTER OF ORLANDO, FLORIDA, IN
C.



Principal Place of Business

Mailing Address

% OSVALDO BERBERENA
829 ALASKA WOODS LANE
ORLANDO FL 32824

% OSVALDO BERBERENA
829 ALASKA WOODS LANE
ORLANDO FL 32824-8883

3. Date Incorporated or Qualified

03/05/1987

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2781766

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERBERENA, OSVALDO
829 ALASKA WOODS LANE
ORLANDO FL 32824

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BERBERENA, OSVALDO
STREET ADDRESS 829 ALASKA WOODS LANE
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE VPD
NAME RIVERA, EDWIN
STREET ADDRESS 11354 ARIES DR.
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE AD
NAME MORALES, NEVENJARIS
STREET ADDRESS 343 BUENAVENTURA BLVD.
CITY-ST-ZIP KISSIMEE FL

DELETE

TITLE SD
NAME BERBERENA, RAQUEL T.
STREET ADDRESS 829 ALASKA WOODS LANE
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE TD
NAME BERROCAL, AIDA
STREET ADDRESS 3100 BURLINGTON DR.
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE: *Osvaldo Berberena* Osvaldo Berberena President/Director 1/7/97. (407)859-2840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017624

CR2E037 (9/96)