

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22776 (1)
 1. Corporation Name
KARDECIAN ESPIRITISM FEDERATION OF FLORIDA INCORPORATED



Principal Place of Business 1150 N.W. 137TH ST. N. MIAMI FL 33161-3822 US	Mailing Address 1150 NE. 137TH ST. N. MIAMI FL 33161-3822 US
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3. Date Incorporated or Qualified
10/01/1987

4. FEI Number
65-0034375

Applied For
 Not Applicable

2. Principal Place of Business 21 FLORIDA (MIAMI) Suite, Apt. #, etc.	2a. Mailing Address 26 Miami Suite, Apt. #, etc.
22 1150 NE 137th. Street	27 1150 NE 137th. St.
23 N.Miami Florida	28 N.Miami Florida
24 33161-3822 25 Dade	29 33161 30 Dade

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

RODRIGUEZ, BENJAMIN B.
1150 NE 137TH ST.
MIAMI FL 33161-3822

10. Name and Address of New Registered Agent

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 _____ 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, BENJAMIN	1.2 NAME	
STREET ADDRESS	1150 NE 137TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISNEROS, MARIA E	2.2 NAME	
STREET ADDRESS	3796 COCOPLUM CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GREEK FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HAYDEE	3.2 NAME	
STREET ADDRESS	1150 NE 137TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAQUEL, OLIVA	4.2 NAME	
STREET ADDRESS	11021 SW 142ND CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISNEROS, MAURICIO	5.2 NAME	
STREET ADDRESS	3796 COCOPLUM CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GREEK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, ERASMO	6.2 NAME	
STREET ADDRESS	11021 SW 142ND CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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)(f), 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: _____
 Signature, typed or printed name of signing officer or director Date _____ Duration Phone # _____

CR2E037 (10/97)