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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22776

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 N.E. 137TH ST.
N. MIAMI FL 33161-3822
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/01/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0034375

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip 25 Country

29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 P DELETE
NAME RODRIGUEZ, BENJAMIN
STREET ADDRESS 1150 NE 137TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE V DELETE
NAME CISNEROS, MARIA E
STREET ADDRESS 3796 COCOPLUM CIR.
CITY-ST-ZIP COCONUT GREEK FL

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

TITLE S DELETE
NAME RODRIGUEZ, HAYDEE
STREET ADDRESS 1150 NE 137TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE TD DELETE
NAME RAQUEL, OLIVA
STREET ADDRESS 11021 SW 142ND CT
CITY-ST-ZIP MIAMI FL

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

TITLE D DELETE
NAME CISNEROS, MAURICIO
STREET ADDRESS 3796 COCOPLUM CIR.
CITY-ST-ZIP COCONUT GREEK FL

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

TITLE D DELETE
NAME OLIVA, ERASMO
STREET ADDRESS 11021 SW 142ND CT
CITY-ST-ZIP MIAMI FL

6.1 TITLE Change Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin Rodriguez B

CR2E037 (11/98)