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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N28562

1. Corporation Name

TEMPLO DE ADORACION FAMILIAR, INC.

Principal Place of Business

6194 SUMMIT BLVD
WEST PALM BCH FL 33415
US

Mailing Address

PO BOX 19234
WEST PALM BCH FL 33416
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6194 Summit Blvd
Suite, Apt. #, etc.

27 West Palm Bch
City & State

28 FL
City & State

29 Zip

30 33415
Country

3. Date Incorporated or Qualified

09/27/1988

4. FEI Number

65-0109246

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

9. Name and Address of Current Registered Agent

MERCADO, JOAQUIN
13112 MEADOWBREEZE DR
APT. #1-A
WELLINGTON FL 33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD
NAME MERCADO, JOAQUIN
STREET ADDRESS 13112 MEADOWBREEZE DR
CITY-ST-ZIP WEST PALM BCH FL

TITLE SD
NAME NOGUERIA, ESMERALDA J
STREET ADDRESS 5458 BONKY CT.
CITY-ST-ZIP W. PALM BEACH FL

TITLE TD
NAME ALVAREZ, LUIS
STREET ADDRESS 1803 LYNTON CIR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 13112 meadowbreeze DR
1.4 CITY-ST-ZIP Wellington FL 33414

2.1 TITLE SD Change Addition
2.2 NAME Eugene Garcia
2.3 STREET ADDRESS 1406 Thornridge Lane
2.4 CITY-ST-ZIP Royal Palm Bch, FL 33411

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

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

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

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

6/13/99

561-478-3574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0042639