

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N43799** (8)

1. Corporation Name

CASA DE ORACION OF MELBOURNE, INC.



Principal Place of Business

Mailing Address

**713 APOLLO BLVD
MELBOURNE FL 32901
US**

**P.O. BOX 757
MELBOURNE FL 32902-0757**

3. Date Incorporated or Qualified
06/07/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3071190

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

**DELGADO, KENNETH W.
154 ANGELO RD SE
PALM BAY FL 32909**

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

T ☐ DELETE
NAME **RAMOS, PACO**
STREET ADDRESS **1875 ANDOVER ST. NW**
CITY-ST-ZIP **PALM BAY FL**

11 TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
12 NAME **LEELAND SHAW**
13 STREET ADDRESS **457 Birch Ave**
14 CITY-ST-ZIP **Palm Bay, FL 32908**

T ☐ DELETE
NAME **BONILLA, LOUIS**
STREET ADDRESS **1825 GLENRIDGE ST NW**
CITY-ST-ZIP **PALM BAY FL**

21 TITLE **PRESIDENT** ☐ Change ☒ Addition
22 NAME **REV. KENNETH DELGADO**
23 STREET ADDRESS **154 ANGELO Rd SE**
24 CITY-ST-ZIP **PALM BAY, FL 32909**

T ☐ DELETE
NAME **FERNANDEZ, CARLOS**
STREET ADDRESS **1082 CRAZYHORSE AVE NW**
CITY-ST-ZIP **PALM BAY FL**

31 TITLE ☐ Change ☐ Addition
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS ☐ Change ☐ Addition
34 CITY-ST-ZIP ☐ Change ☐ Addition

S ☐ DELETE
NAME **BETZABE**
STREET ADDRESS **154 ANGELO RD 56**
CITY-ST-ZIP **PALM BAY FL**

41 TITLE ☐ Change ☐ Addition
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS ☐ Change ☐ Addition
44 CITY-ST-ZIP ☐ Change ☐ Addition

☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS ☐ Change ☐ Addition
54 CITY-ST-ZIP ☐ Change ☐ Addition

☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS ☐ Change ☐ Addition
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96
Date

(407) 952-5725
Daytime Phone #

CR2E037 (12/95)