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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43799** (8)

1. Corporation Name

CASA DE ORACION OF MELBOURNE, INC.

Principal Place of Business

713 APOLLO BLVD
MELBOURNE FL 32901
US

Mailing Address

P.O. BOX 757
MELBOURNE FL 32902-0757



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/07/1991

3a. Date of Last Report
02/01/1996

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

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

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

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

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

VP ☐ DELETE
NAME **SHAW, LEE LAND**
STREET ADDRESS **457 BIRCH AVENUE**
CITY-ST-ZIP **PALM BAY FL**

P ☐ DELETE
NAME **DELGADO, KENNETH REV.**
STREET ADDRESS **154 ANGELO ROAD SE**
CITY-ST-ZIP **PALM BAY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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 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: *Carlos A. Fernandez* **CARLOS A. FERNANDEZ** 4-22-97 952-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018511

CR2E037 (9/96)