

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 713 APOLLO BLVD MELBOURNE FL 32901 US | Mailing Address P.O. BOX 757 MELBOURNE FL 32902-0757 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 06/07/1991 | |
| 4. FEI Number 59-3071190 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--------------------------------------------------------------------|----------------------------------|
| 2. Principal Place of Business 21 1510 Bottlebrush Dr NE | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Palm Bay FL | City & State 28 |
| Zip 24 32905 | Country 25 |
| Country 29 | Country 30 |

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| 9. Name and Address of Current 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 |
| 85 | Zip Code |

| | |
|----------------------------------------------|-------------------------------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 84 City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | T | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMOS, PACO | 1.2 NAME | |
| STREET ADDRESS | 1875 ANDOVER ST. NW | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 1.4 CITY-ST-ZIP | |
| TITLE | T | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONILLA, LOUIS | 2.2 NAME | |
| STREET ADDRESS | 1825 GLENRIDGE ST NW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERNANDEZ, CARLOS | 3.2 NAME | |
| STREET ADDRESS | 1082 CRAZYHORSE AVE NW | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BETZABE | 4.2 NAME | |
| STREET ADDRESS | 154 ANGELO RD 56 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 4.4 CITY-ST-ZIP | |
| TITLE | VP | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAW, LELAND | 5.2 NAME | |
| STREET ADDRESS | 457 BIRCH AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY FL | 5.4 CITY-ST-ZIP | |
| TITLE | P | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DELGADO, KENNETH REV. | 6.2 NAME | |
| STREET ADDRESS | 154 ANGELO ROAD SE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BAY 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)(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: *Handwritten signature of Kenneth W. Delgado* 5/1/98 154-950-5225

CR2E037 (10/97)