

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90125 044 ****61.25

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DOCUMENT # N43799

1. Corporation Name

CASA DE ORACION OF MELBOURNE, INC.

Principal Place of Business

**1510 BOTTLEBURST DRIVE
PALM BAY FL 32905
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

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/07/1991

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

9. Name and Address of Current Registered Agent

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

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

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 56**
CITY-ST-ZIP **PALM BAY FL**

VP ☐ DELETE

NAME **SHAW, LELAND**
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 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

Date

Daytime Phone #

CR2E037 (11/98)