FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1991**
3a. Date of Last Report: **04/26/1994**
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	T ☐ Change ☐ Addition
NAME	DELGADO, KENNETH W	12 NAME	~~P~~ RAMOS, PACO
STREET ADDRESS	1 ANGELO ROAD, S.E.	13 STREET ADDRESS	1875 ANDOVER ST NW
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VP	21 TITLE	T ☐ Change ☐ Addition
NAME	SHAW, LEE	22 NAME	LOUIS BONILLA
STREET ADDRESS	457 BIRCH AVE SW	23 STREET ADDRESS	1825 GLENRIDGE ST NW
CITY-ST-ZIP	PALM BAY FL	24 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	T	31 TITLE	T ☐ Change ☐ Addition
NAME	SANTIAGO, CALEB	32 NAME	FERNANDEZ, CARLOS
STREET ADDRESS	7780 GREENBOROUGH DR 7	33 STREET ADDRESS	1082 CRAZYHORSE AVE NW
CITY-ST-ZIP	W MELBOURNE FL	34 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BETZABE	42 NAME	
STREET ADDRESS	154 ANGELO RD 56	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ Caleb Santiago 4/4/95 (407) 952-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0031903