

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$309)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra J. Mortimer
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL 10 AM 9:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N47848** (9)

1. Corporation Name
CORDERO DE DIOS LUTHERAN CHURCH, INC.

Principal Place of Business Mailing Address
7945 N.W. 2ND STREET MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/13/1992** 3a. Date of Last Report **01/27/1994**

4. FEI Number **65-0322444** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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 601(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, FRANCISCO
3645 N.W. 11TH STREET
MIAMI FL 33125

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

TITLE PD
 NAME GARCIA, FRANCISCO
 STREET ADDRESS 3645 NW 11TH ST.
 CITY - ST - ZIP MIAMI FL

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

TITLE S
 NAME MARTENS, RALPH W
 STREET ADDRESS 12740 NW 11TH ST.
 CITY - ST - ZIP MIAMI FL

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

TITLE T
 NAME MEDINA, JUAN
 STREET ADDRESS 3645 NW 11TH ST.
 CITY - ST - ZIP MIAMI FL

3.1 TITLE Change Addition
 3.2 NAME MEDINA, JUAN
 3.3 STREET ADDRESS 16333 SW 139 AVENUE
 3.4 CITY - ST - ZIP MIAMI, FL 33177

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Ralph W. Martens* RALPH W. MARTENS 6/13/95 (305)262-4367
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR02037 (3/95)