## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

N48404

(0)

Mailing Address

THE NATIONAL CATHOLIC COUNCIL FOR HISPANIC MINIS TRY, INC.

•		· ·				·
7700 SW 56TH	7700 SW 56TH STREET				3. Date Incorporated or Qualified	
MIAMI FL 3315	5	MIAMI FL 33155				04/16/1992
US US					4. FEI Number Applied For	
						65-0342122 Not Applicable
2. Principal Place of Business 2a. Mailing Address						- ¢9.7E A 1777
21		26				5. Certificate of Status Desired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & State		City & State				7- is this nonprofit corporation a homeowners association?
23		28			Yes No	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30, Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
1				81	Name	
VIZCAINO, MARIO, SCH. P.			82	Street .	Address (P.O. Box Number is Not Acceptable)	
7700 SE 56TH STREET			83			
MIAMI FL 33155				83		
				84	City	FL 85 Zip Code
11 D						
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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE .	Signature, typed or printed name of registered agent		NTC. D1-			required when reinstating) DATE
12.	OFFICERS AND	., ., .		3.	it signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			1 TITLE		Change Addition
NAME	CERVANTES, CARMEN M		1.2 N			
STREET ADDRESS			3 STREET	ADDRESS		
CITY-ST-ZiP			4 CITY - ST	-ZIP		
TITLE	VD	<b>™</b> DELETE	2.	.1 TITLE		VD □ Change ☑ Addition
NAME	VIZCAINO, MARIO S		2.	2 NAME		DAVIS Kenneth
STREET ADDRESS	7700 SW 56TH STREET		2.3 STRE		ADDRESS	1000 E. Maple Ave.
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-		T-ŻIP	VD DAVIS, Kenneth 1000 E. Maple Ave. Mundelein, 1L 60060-1174
TITLE	SD	DELETE	3.	1 TITLE		Change Addition
NAME	SPINE, WILLIAM		3.2 NA			
STREET ADDRESS	6525 N. SHERIDAN ROAD		3.	3 STREET A	ADDRESS	
CITY-ST-ZIP	CHICAGO IL		3.	4. CITY-S	r-zip	
TITLE			1 TITLE		☐ Change ☐ Addition	
NAME	MENOCAL, LYDIA		4.	2 NAME		
STREET ADDRESS	7700 SW 56TH STREET		4,	3 STREET A	ADDRESS	
CITY-ST-ZIP			4 CITY-ST	-ZIP		
TITLE			1 TITLE		Change Addition	
NAME	JIMENEZ, ROBERTO C		5.	2 NAME		
STREET ADDRESS	3001 S CONGRESS NO. 1046		5.	3 STREET A	NDDRESS	
CITY-ST-ZIP	AUSTIN TX		5.	4 CITY - ST	-ZIP	
TITLE	Π	☐ DELETE		1 TITLE		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

HERRERA, STELLA

1232 GEORGE STREET

Lydia Mersal III/reasurer

1/8/98 (305)279-2333

**FILED** 

Feb 06 1998 8:00am

Secretary of State

R2E037 (10/97)