

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49618** (4)

1. Corporation Name
IGLESIA CRISTO LA UNICA ESPERANZA, INC.



Principal Place of Business: **5510 W. SAMPLE ROAD MARGATE FL 33063**
Mailing Address: **1254 N.W. 66TH AVENUE MARGATE FL 33063-3410**

3. Date Incorporated or Qualified: **06/23/1992**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **65-0341674**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip: **33073**
24. Country

9. Name and Address of Current Registered Agent
**MASTRIANNI, EDIE
6993 NW 9TH CT.
MARGATE FL 33063**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **1531 SE HARMONY CT.**
83.
84. City: **PORT ST. LUCIE** FL 85. Zip Code: **34952**

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: _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | JONES, ROBERTO | |
| STREET ADDRESS | 1254 NW 66TH AVE. | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERNANDEZ, RAYMOND | |
| STREET ADDRESS | 5851 N.W. 37TH AVENUE | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERNANDEZ, MIRIAM | |
| STREET ADDRESS | 5851 N.W. 37TH AVENUE | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DEL TORO, LYDIA | |
| STREET ADDRESS | 5301 S.W. 6TH PL | |
| CITY-ST-ZIP | POMPANO BEACH FL 33068 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: ROBERTO JONES 1-29-96 (954) 979-6273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)