## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandrars. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ルSo 33&

CHRISTIAN EXTENSION MINISTRIES, INC

## FILED May 15 1997 8:00am Secretary of State

CARISTATIO ENTENSION THOUSING, THE		<del></del>	
Principal Place of Business Mailing Address			
13225 SW 11 TERR MIAMIFE 33184.			
	•		
			3a. Date of Last Report
		08-12-92	
Principal Place of Business     2a. Mailing Address		4. FEI Number	Applied For
27 13225 SW NTERR. 28 1		65-0347808	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional
27		5. Certificate of Status Desired	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI FC 28		Trust Fund Contribution	Added to Fees
Zip Country Zip Country		8. This corporation has liability for intangible tax under s. 199.032,	
24 33 (84 · 25 8A) = 29 80		Florida Statutes	Yes Tho
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
81 Name OSJACAD O. MARINO			
82 Street Addyess (P.O. Box Aumber is Not Acceptable)			
		ords switte	ERR.
_	83	· 041 (1 2)	104.
•		1AM1 FL 33	187
	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			
11. Pursuant to the provisions of Sections 617.1508 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am lambar with, at accept the appointment as registered agent. I am lambar with, at accept the appointment as registered agent.			
SIGNATURE Signative upod or product name of registered agent and title applicable (NOTE: Re	egistered Agent signature requir	red when reinstating)	DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
	1.1 TITLE		RS AND DIRECTORS IN 12 98 66 66
MAME OSUALDO O. MARINO	1.2 NAME		
STREET ADDRESS (3225 ) WITTER	1.3 STREET ADDRESS		[8]
	1.4 CITY-ST-ZIP		Change Clafidition C
THE SECRETARY DELETE	2.1 TITLE		Change Addition
Determination of the Parish of	2.2 NAME		
SHALL ADDRESS 16218 SW 93 St. NEW			
SHELL KODILESS ( CO.)	2.3 STREET ADDRESS		
CITY STY AP TRANSPER ASPER ASPER ASPER ASPER	2. 4 CITY-ST-ZIP		Change Addition
		drinosa odestes	Z Cuttude D voninou
NAME GUILLERYOA.LARES	32 NAME	1220 NW 198 St.	ACLETE
STREET ADDRESS 8810 SW 132 PC #401	1 2 3 DINE UNION	•	
CHY-SI-710 MIAMI A 33186.	3 4. CITY - ST - ZIP	belomi FL	
NAME USS SW NUG CT - 1	4 1 TITLE		Change Addition
NAME 4525 SW NAG CT- 1	4. 2 NAME		
STREET ADDRESS TIAMI FC. 23175 NEW	4.3 STREET ADDRESS		+
CITY-ST-ZIP	44 CITY-ST-ZIP		
MONICAS. POIZ / DIRECTOR DELETE	5.1 TITLE	1110	Change    Addition
MAME 13225 SW HTERE	5.2 NAME	11.4	''
STREET ADDRESS MIAMI FL 33184 -	5.3 STREET ADDRESS	×,	
CHY-S1-74P	5.4 CITY-ST-ZIP		Δ
TOTALE DELETE	6.1 TITLE	30000215	Change Addition
NAME	6.2 NAME	2000002.13 20072.010	14333 04 222
STREET ADDRESS 4	6.3 STREET ADDRESS	-05/29/97010	U4063
CITY-S1-ZIP	6.4 CITY-ST-ZIP	***61.25	
14. I do hereby certify that the information supplied with this tiling does not qualify to	or the exemption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
information indicated on this annual theories and premental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corplection 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 changet, or on an attachment with an address.			
SIGNATURE: OSVALDO O. MARINO 5/197. 305 229.9475-			
SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bato Daylino Proce a			