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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50338** (5)

1. Corporation Name

CHRISTIAN EXTENSION MINISTRIES, INC

Principal Place of Business

13225 SW 11TH TERR
MIAMI FL 33184
US

Mailing Address

13225 SW 11TH TERR
MIAMI FL 33184
US

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1992

4. FEI Number

65-0347808

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **MARINO, OSVALDO OSCAR**
STREET ADDRESS **13225 SW 11TH TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE
NAME **LARES, GUILLERMO**
STREET ADDRESS **8810 SW 132 PL #401**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **S** ☐ DELETE
NAME **BARBIERA, CARLOS** **BARBIERI**
STREET ADDRESS **16378 SW 93RD STREET**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **TD** ☐ DELETE
NAME **RUIZ, MONICA**
STREET ADDRESS **13225 SW 11TH TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHANGE TO** ☒ Change ☐ Addition
1.2 NAME **PRESIDENT.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **CHANGE TO** ☒ Change ☐ Addition
2.2 NAME **SECRETARY**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **CHANGE TO** ☒ Change ☐ Addition
3.2 NAME **TREASURER**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **CHANGE TO** ☒ Change ☐ Addition
4.2 NAME **DIRECTOR.**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **JANEUE RAMOS AZARET** ☐ Change ☒ Addition
5.2 NAME **4525 SW 146 CT.**
5.3 STREET ADDRESS **MIAMI FL 33175**
5.4 CITY-ST-ZIP **DIRECTOR**

6.1 TITLE **CHANGES WERE** ☐ Change ☐ Addition
6.2 NAME **FILED W. AMENDMENTS**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033910

CR2E037 (10/97)

1/3/98 (805) 229-9475