

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra P. Krome
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:58

DOCUMENT # N93000000776 (5)

1. Corporation Name
IGLESIA CONFRATERNIDAD CRISTIANA DE LEISURE CITY, INC.

Principal Place of Business Mailing Address
29501 SW 152ND AVE LEISURE CITY FL 33033

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date incorporated or Qualified 03/15/1993 | 3a. Date of Last Report 06/28/1994 |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

9. Name and Address of Current Registered Agent
**LINARES, LUIS E
29501 SW 152ND AVE
LEISURE CITY FL 33033**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Miguel Gutierrez |
| 82 Street Address (P.O. Box Number is Not Acceptable) 29501 SW 152nd Avenue |
| 83 City Leisure City |
| 84 City FL 85 Zip Code 33033 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Miguel Gutierrez* Miguel Gutierrez DATE: **5/12/95**

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE D | NAME LINARES, LUIS E |
| STREET ADDRESS 29501 SW 152ND AVE | CITY - ST - ZIP LEISURE CITY FL 33033 |
| TITLE D | NAME GUTIERREZ, MIGUEL |
| STREET ADDRESS 29501 SW 152ND AVE | CITY - ST - ZIP LEISURE CITY FL 33033 |
| TITLE S | NAME RIVERA, ELSA |
| STREET ADDRESS 30234 SW 161 AVE | CITY - ST - ZIP HOMESTEAD FL |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 11 TITLE T | NAME Tesorera Maria de los Angeles Aspuro | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 STREET ADDRESS 30011 S.W. 149ct | CITY - ST - ZIP Leisure City FL 33033 | |
| 21 TITLE D | NAME Creixell, Jose | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 STREET ADDRESS 451 S.E. 8th St Lot 41 | CITY - ST - ZIP Homestead FL 33030 | |
| 31 TITLE D | NAME (Secretary) Rivera Elsa | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 STREET ADDRESS 30234 S.W. 161 Ave | CITY - ST - ZIP Homestead, FL 33033 | |
| 41 TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 STREET ADDRESS | CITY - ST - ZIP | |
| 51 TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 STREET ADDRESS | CITY - ST - ZIP | |
| 61 TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 STREET ADDRESS | 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: *Maria de los Angeles Aspuro* Maria de Los Angeles Aspuro DATE: **5/12/95** (305) 248-6149