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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

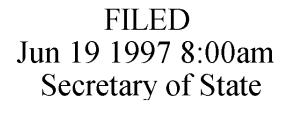
DOCUMENT # N9300000776 (5)

IGLESIA CONFRATERNIDAD CRISTIANA DE LEISURE CITY, INC.

Principa	l Place of	Business

Mailing Address

29501 SW 152ND AVE LEISURE CITY FL 33033 29501 SW 152ND AVE LEISURE CITY Ft 330335





Leisure City i	FL 330 33	LEISURE CITY FL 33033-2	B 46			
						3. Date Incorporated or Qualified 03/15/1993 3a. Date of Last Report 06/26/1996
	lace of Business	2e. Mailing Address				4. FEI Number Applied For
21		26				NOT APPLICABLE 65-0145-95 Not Applicable
I Suite, ADI	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23	Country	28	1 0-			Trust Fund Contribution
Zip 24	Country	Zip	\vdash	untry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30	T		Florida Statutes Yes No 10. Name and Address of New Registered Agent
Rever		81 Name				
HERNAN	IDEZ, ALVARO REV.					
20501.51	W 152ND AVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
	CITY FL 33033			83		
	. 0111 12 00000					
				84	City	FL 85 Zip Code
11, Pursuant I	to the provisions of Sections 617.0502	and 617.1508. Florida Statu	tes, the a	Ji bov€	i a-named co	
office or re	egistered agent, or both, in the State o	f Florida, Such change was	authorize	d by	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
_	milatina with and accept the obligat	013 01, 0001011 0 17.0300, 11	onda ota	idico		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Age	ant signature rec	quired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Treasurer	X DELETE	1,1 T	TLE		Třesurer Change Addition
NAME	DE LOS ANGELES, ASPURO N	IARIA	1.2 N	AME		Misael Omana
STREET ADDRESS	30011 SW 149TH CT		1.3 \$	TREET	ADDRESS	30241 S.W. 158 Rd.
CITY-ST-ZIP	LEISURE CITY FL 33033				it-ZIP	Homestead, FL 33033
TITLE	0 eacon	DELETE	2.1 1			Asst. Treasurer
NAME	CREIXELL, JOSE		2.2 N			Elvira J. Gomez
STREET ADDRESS	451 SE 8TH ST LOT 41					14820 S.W. 297 St.
CITY-ST-ZIP	HOMESTEAD FL	DELETÉ			· · · · · · · · · · · · · · · · · · ·	Homestead, FL 33033
TITLE	Se cretary RIVERA, ELSA	Deteit	3.1 TI		l l	S @cretary
NAME	30234 W 161ST AVE		3.2 N			Elizabeth Iturrino Jon
STREET ADORESS	HOMESTEAD FL 33033				ADDRESS 1	6432 S.N. 304 St. Apt.# 104
CITY-ST-ZIP	Deacon	₩ DELETE	3.4. L		ST-ZIP I	Homestead, FL 33033
NAME	GUTIERREZ, MIGUEL	POJ OCECIL	4.2 M			
STREET ADDRESS	13250 SW 257TH TERRACE				ADDRESS	A Secretary Control of the Control o
CITY-ST-ZIP	MIAMI FL 33032				T- ZIP	
TITLE	Deacon	DELETE	5.1 Ti		• • "	☐ Change ☐ Addition
NAME	GOMEZ, ALVAREZ	•	5.2 N	AME		• —
STREET ADDRESS	14820 SW 257 TERRACE		5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032		5.4 C	TY-S1	T-ZIP	
TITLE	Pastor	DELETE	6.1 TI			☐ Change ☐ Addition
NAME	JONES, ELBERT A		6.2 N	AME		
STREET ADDRESS	24100 SW 157 AVE.		6.3 S	TREET	ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031		6.4 C	ITY-SI	T-ZIP	
والمأسلة الأراس						

4. I do 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 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 try of ecglyer 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 proper attachment with an address.

AND THE COURSE OF STREET IN

11 mr am

440 00.