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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000000776 (5)
1. Corporation Name
IGLESIA CONFRATERNIDAD CRISTIANA DE LEISURE CITY, INC.



Principal Place of Business: 28501 SW 152ND AVE, LEISURE CITY FL 33033
Mailing Address: 28501 SW 152ND AVE, LEISURE CITY FL 33033-2846

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 06/26/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE 65-0145695 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Reverend HERNANDEZ, ALVARO Rev.
29501 SW 152ND AVE
LEISURE CITY FL 33033

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	DE LOS ANGELES, ASPURO MARIA	
STREET ADDRESS	30011 SW 149TH CT	
CITY-ST-ZIP	LEISURE CITY FL 33033	
TITLE	Deacon	<input type="checkbox"/> DELETE
NAME	CREIXELL, JOSE	
STREET ADDRESS	451 SE 8TH ST LOT 41	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, ELSA	
STREET ADDRESS	30234 W 161ST AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	Deacon	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, MIGUEL	
STREET ADDRESS	13250 SW 257TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	Deacon	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, ALVAREZ	
STREET ADDRESS	14820 SW 257 TERRACE	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	Pastor	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ELBERT A	
STREET ADDRESS	24100 SW 157 AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33031	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Misael Omana	
1.3 STREET ADDRESS	30241 S.W. 158 Rd.	
1.4 CITY-ST-ZIP	Homestead, FL 33033	
2.1 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elvira J. Gomez	
2.3 STREET ADDRESS	14820 S.W. 297 St.	
2.4 CITY-ST-ZIP	Homestead, FL 33033	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth Iturrino Jon	
3.3 STREET ADDRESS	16432 S.W. 304 St. Apt. # 104	
3.4 CITY-ST-ZIP	Homestead, FL 33033	
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 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 _____ DATE _____

CR2E037 (9/96)