## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300000776 (5)

## IGLESIA CONFRATERNIDAD CRISTIANA DE LEISURE CITY . INC.

, INC.										
Principal Place	e of Business	Mailing Address				1	I KODIRADI DID IDIDO AINI DBILL QQIN DBILA BDILA			
29501 8W 152N	ID AVE	29501 SW 152ND AVE				3.	Date Incorporated or Qualified		<del> </del>	
LEISURE CITY I		LEISURE CITY FL 33033			1	03/15/1993				
						4	FEI Number	A	pplied For	
						:	65-0145695	<del></del>	ot Applicable	
2. Principal P	lace of Business	2a. Malling Address				6.	Certificate of Status Desired	\$8.75	Additional	
21		26					Commodite of Blattas Besired	Fee R	equired	
Sulte, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.	-n ' ' '			6.	Election Campaign Financing	\$5.00		
27   City & State   City & Sta						-	Trust Fund Contribution	Added t		
23	,	28			}	′	Is this nonprofit corporation a homeown  Yes	ers associatio	)n'r	
Zip	Country	Zip	Coun	try		8.	This corporation owes or has paid the o		tanoible	
24	25	29	30				Personal Property Tax due June 30.		] No	
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New Registerer	d Agent		
	•		1	B1 Na	ame					
HERNANDEZ, REV. ALVARO			ļī.	82 Street Address (P.O. Box Number is Not Acceptable)						
	W 152ND AVE		L							
LEISURE	Offy FL 33033		18	33						
			1	34 Cit	ly	-		85 Zip	Code	
THE Common of the	to The acceptance of Continue CAT C	500 047 4500 FI-34- BCC					F		41.11.11.4.11.4	
office or re	egistered agent, or both, in the Sta	ite of Florida. Such ch <b>ange w</b> as	authorized	by the	nea corpor corporation	ration n's b	n submits this statement for the purpose board of directors. I hereby accept the ap	or changing i pointment as	ts registered registered	
agent. I a	m familiar with, and accept the ob	igations of, Section 617.0503, F	lorida Statu	tes.						
SIGNATURE _	Signature typed or printed name of registered	agent and title if applicable (NO	TE: Registored	Apent sipi	nature required	when	reinstating) DATE			
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	VD DIRECTOR	RS IN 12	
TITLE	<b>T</b>	DELETE	1.1 TITL	1.1 TITLE				Change	Addition	
NAME	OMANO, MISAEL		1.2 NAA	4E						
STREET ADDRESS	30241 S.W. 158 RD.		1.3 STR	EET ADDR	ESS					
CITY-ST-ZIP	HOMESTEAD FL		1.4 C(T)	-ST-ZIP		<u>;</u>				
TITLE	0	☐ DELETE	2.1 T(T).	2.1 TITLE				Change	Addition	
NAME	CREIXELL, JOSE		2.2 NAN	2.2 NAME						
STREET ADDRESS	451 SE 8TH ST LOT 41		2.3 STR	2.3 STREET ADDRE						
CITY-ST-ZIP	HOMESTEAD FL	T BELEVE		2. 4 CITY-ST-ZIP				T Observe	Addition	
TITLE	AT CLUDA I	☐ DELETE		3.1 TITLE				Change	III ADDITION	
NAME	GOMEZ, ELVIRA J.		3.2 NAN							
STREET ADDRESS	17820 S.W. 297 ST. HOMESTEAD FL			EET ADDR	i					
CITY-ST-ZIP TITLE	OMESTEAD PL	DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP	s	+	<del></del>	Change	Addition	
NAME	JON, ELIZABETH I.	A bitter	4.1 MIC			INT C	יק אאת פרוא	L Orkingo	Ja roution	
STREET ADDRESS	16432 S.W. 304 ST., APT. 1	ina		ME EET ADDR			CZ, PATRICIA 05 S.W. 304 Terr.			
CITY-ST-ZIP	HOMESTEAD FL	V4		'-ST-ZIP			STEAD, FL 33033			
TITLE	1	☐ DELETE	5.1 TITL		D		512/10, 12 55555	Change	Addition	
NAME			5.2 NAM		1 -	V:F	ERA, MADELINE			
STREET ADDRESS			. I	eet addr			32 S.W. 273 St.			
CITY-ST-ZIP	•		B	-ST-ZiP			nia, f133032			
TITLE		☐ DELETE	6.1 TITL		D D	- 14	AL MI LATER OF THE STATE OF THE	Change	Addition	
NAME			6.2 NAM		I -	DD	TITA MACDA	-	<i>,</i> `	
STREET ADDRESS				EET ADDR			CILLA, MAGDA			

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 ceiver 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 the certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(iii), Florida Statutes. I further certificated in Secti

6.4 CiTY+ST-ZIP

4.28.98

**FILED** 

May 15 1998 8:00am

Secretary of State