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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005391

1. Corporation Name

NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A. C.A.M.), INC.

Principal Place of Business

3595 SATIN LEAF CT
CORAL SPRINGS FL 33065
US

Mailing Address

3595 SATIN LEAF CT
CORAL SPRINGS FL 33065
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 P.O. Box 693606	26 P.O. Box 693606	11/30/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 Miami, Florida	27 Miami, Florida	65-0452346
City & State	City & State	Applied For
23 33269 U.S.A.	28 33269 U.S.A.	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

BENEDICT, ADRIAN
3595 SATIN LEAF CT
CORAL SPRINGS FL 33065

81 Name **MAIDA Bacon-DELMAR**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **20010 NW 83rd Ct**
84 City **Hialeah** FL 85 Zip Code **33015**

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 MAIDA Bacon-DELMAR
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	P/D
NAME	BENEDICT, ADRIAN	1.2 NAME	MAIDA Bacon-DELMAR
STREET ADDRESS	3595 SATIN LEAF CT.	1.3 STREET ADDRESS	20010 NW 83 rd Ct
CITY-STATE-ZIP	CORAL SPRINGS FL	1.4 CITY-STATE-ZIP	Hialeah, FL 33015
TITLE	V/D	2.1 TITLE	
NAME	GREEN, LEONARD	2.2 NAME	
STREET ADDRESS	2990 WENTWORTH	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	
NAME	DELMAR, ERNESTO	3.2 NAME	
STREET ADDRESS	20010 NW 83RD CT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL	3.4 CITY-STATE-ZIP	
TITLE	T	4.1 TITLE	T
NAME	PAIHECO, PAUL	4.2 NAME	Morales, Lucio S.
STREET ADDRESS	855 NE 171 TERR	4.3 STREET ADDRESS	12500 NE 15 Ave. #202
CITY-STATE-ZIP	NORTH MIAMI FL 33162	4.4 CITY-STATE-ZIP	North Miami, FL 33161
TITLE	D	5.1 TITLE	
NAME	JAENTSCHE, ELDA	5.2 NAME	
STREET ADDRESS	1051 NE 163RD ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: ERNESTO DELMAR 4/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)