FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001289 (7)

1. Corporation Name

MINISTERIO EVANGELICO CRISTIANO AMOR Y FE, INC.

Principal Place of Business	Mailing Address
1546 W. FLAGLER ST. MIAMI FL 33135	1546 W. FLAGLER ST. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report:
4. FEI Number: 650476715 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GONZALEZ, JOSE LUIS
1253 N.W. 5 ST., # 1
MIAMI FL

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☐ Change ☒ Addition
NAME	GONZALEZ, JOSE LUIS	12 NAME	MOYA, ROSA MARIA	
STREET ADDRESS	1253 N.W. 5TH ST., # 1	13 STREET ADDRESS	8135 N.W. 32 Av.	
CITY-ST-ZIP	MIAMI FL 33125	14 CITY-ST-ZIP	MIAMI FL. 33147	
TITLE	E	21 TITLE	T	☐ Change ☒ Addition
NAME	VALENCIA, MATILDA E	22 NAME	VARGAS, MERCEDES GUADALUPE	
STREET ADDRESS	1253 N.W. 5TH ST., # 1	23 STREET ADDRESS	1143 N.W. 6 St.	
CITY-ST-ZIP	MIAMI FL 33125	24 CITY-ST-ZIP	MIAMI FL. 33136	
TITLE	S	31 TITLE	T	☐ Change ☒ Addition
NAME	GONZALEZ, GLORIA E	32 NAME	MENDEZ, MARINA ESTER	
STREET ADDRESS	1253 N.W. 5TH ST., # 1	33 STREET ADDRESS	514 S.W. 6 cord	
CITY-ST-ZIP	MIAMI FL 33125	34 CITY-ST-ZIP	MIAMI FL. 33130	
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	MOYA, RICARDO	42 NAME		
STREET ADDRESS	8135 N.W. 32 AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

$87.16

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 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 above, or on an attachment with an address.

SIGNATURE: Gonzalez, Jose Luis (PASTOR PRESIDENT) 4/29/95 (305)326-1036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041073