

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001289 (7)

1. Corporation Name

MINISTERIO EVANGELICO CRISTIANO AMOR Y FE, INC.



Principal Place of Business

1546 W. FLAGLER ST.
MIAMI FL 33135

Mailing Address

1546 W. FLAGLER ST.
MIAMI FL 33135

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0476715

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JOSE LUIS	
STREET ADDRESS	1253 N.W. 5TH ST., # 1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	E	<input type="checkbox"/> DELETE
NAME	VALENCIA, MATILDA E	
STREET ADDRESS	1253 N.W. 5TH ST., # 1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GONZALEZ, GLORIA E	
STREET ADDRESS	1253 N.W. 5TH ST., # 1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOYA, ROSA M	
STREET ADDRESS	8135 N.W. 32 AV	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VARGAS, MERCEDES G	
STREET ADDRESS	1143 N.W. 6 ST	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MENDEZ, MARINA E	
STREET ADDRESS	514 S.W. 6 CORD	
CITY-ST-ZIP	MIAMI FL 33130	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOYA, RICARDO ELIAS	
1.3 STREET ADDRESS	8135 N.W. 32 Av.	
1.4 CITY-ST-ZIP	MIAMI FL 33147	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MENDEZ, GONZALO ANTONIO	
5.3 STREET ADDRESS	744 N.W. 22 Av.	
5.4 CITY-ST-ZIP	MIAMI, FL. 33125	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)