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Apr 25 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 # 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 33135-2118



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

04/30/1996

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GONZALEZ, JOSE LUIS  
STREET ADDRESS 1253 N.W. 5TH ST., # 1  
CITY-ST-ZIP MIAMI FL 33125

TITLE E  
NAME VALENCIA, MATILDA E  
STREET ADDRESS 1253 N.W. 5TH ST., # 1  
CITY-ST-ZIP MIAMI FL 33125

TITLE S  
NAME GONZALEZ, GLORIA E  
STREET ADDRESS 1253 N.W. 5TH ST., # 1  
CITY-ST-ZIP MIAMI FL 33125

TITLE D  
NAME MOYA, ROSA M  
STREET ADDRESS 8135 N.W. 32 AV  
CITY-ST-ZIP MIAMI FL 33147

TITLE T  
NAME MENDEZ, GONZALO ANTONI  
STREET ADDRESS 744 N.W. 22ND AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE T  
NAME MENDEZ, MARINA E  
STREET ADDRESS 514 S.W. 6 CORD  
CITY-ST-ZIP MIAMI FL 33130

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE S  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE T  
5.2 NAME Mendez, Gonzalo Antonio  
5.3 STREET ADDRESS 744 N.W. 22 Nd. Avenue  
5.4 CITY-ST-ZIP Mia- Fl. 33125

6.1 TITLE T  
6.2 NAME Marina, Mendez E.  
6.3 STREET ADDRESS 744 N.W. 22 Av.  
6.4 CITY-ST-ZIP Miami-Fl. 33125

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 as an attachment with an address.

SIGNATURE:

Signature of registered agent and title if applicable

CR2E037 (9/96)