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 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002828 (1)

1. Corporation Name

EL BUEN VECINO PRESBYTERIAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1810 EDINBURGH ST KISSIMMEE FL 34743	1810 EDINBURGH ST KISSIMMEE FL 34743

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:
4. FEI Number: 59-330 5088 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 212 Olivewood Ct.	2a. Mailing Address 26 212 Olivewood Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee, Fl.	City & State 28 Kissimmee, Fl.
Zip / Country 24 34743 / 25 Osceola	Zip / Country 29 34743 / 30 Osceola

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

9. Name and Address of Current Registered Agent

RIQUELME, RAFAEL
1810 EDINBURGH ST
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name: Arroyo, Miriam
82 Street Address (P.O. Box Number is Not Acceptable): 212 Olivewood Ct.
83
84 City: Kissimmee FL 85 Zip Code: 34743

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: Miriam M. Arroyo — 4-25-95
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	CTD	11 TITLE	CTD	☒ Change ☐ Addition
NAME	RIQUELME, RAFAEL A	12 NAME	Arroyo, Miriam	
STREET ADDRESS	1810 EDINBURGH ST	13 STREET ADDRESS	212 Olivewood Ct.	
CITY-ST-ZIP	KISSIMMEE FL 34743	14 CITY-ST-ZIP	Kissimmee, Fl. 34743	
TITLE	Tr	21 TITLE		☐ Change ☐ Addition
NAME	JIMENEZ, ANTOLIN	22 NAME		
STREET ADDRESS	169 PINEWOOD DR	23 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743	24 CITY-ST-ZIP		
TITLE	TT	31 TITLE	TT	☒ Change ☐ Addition
NAME	CAMACHO, ANTONIO	32 NAME	Guevara, Roberto	
STREET ADDRESS	3008 STILLWATER DR	33 STREET ADDRESS	2394 Josefina Dr.	
CITY-ST-ZIP	KISSIMMEE FL 34743	34 CITY-ST-ZIP	Kissimmee, Fl. 34744	
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	BABILONIA, RAQUEL	42 NAME		
STREET ADDRESS	4 LAS BRISAS WAY	43 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	Tr	☒ Change ☐ Addition
NAME	RUIZ, JOSUE	52 NAME	Gonzalez, Anibal	
STREET ADDRESS	9817 PINEY POINT CIR	53 STREET ADDRESS	147 Hidden Springs	
CITY-ST-ZIP	ORLANDO FL 32825	54 CITY-ST-ZIP	Kissimmee, Fl. 34743	
TITLE	T	61 TITLE	Tr	☒ Change ☐ Addition
NAME	ACEVEDO, LOURDES	62 NAME	Sanchez, Migdalia	
STREET ADDRESS	1720 KASEY CT	63 STREET ADDRESS	Grassy Cove Cir.	
CITY-ST-ZIP	KISSIMMEE FL 34744	64 CITY-ST-ZIP	Kissimmee, Fl. 34743	

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 if changed, or on an attachment with an address.

SIGNATURE: Miriam M. Arroyo — 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

094000