

FILE NOW: FILING FEE IS \$61.25

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Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002828 (1)**

1. Corporation Name

EL BUEN VECINO PRESBYTERIAN CHURCH, INC.



Principal Place of Business 800 OFFICE PLAZA BLVD SUITE 402H KISSIMMEE FL 34744 US	Mailing Address 800 OFFICE PLAZA BLVD SUITE 402H KISSIMMEE FL 34744-5511 US
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3. Date Incorporated or Qualified 06/07/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3305088	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT GUEVARA
800 OFFICE PLAZA BLVD.
SUITE 402H
KISSIMMEE FL 34744**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	CTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA NIEVES	1.2 NAME	Maria Nieves
STREET ADDRESS	10215 BRIDLEWOOD ST	1.3 STREET ADDRESS	10215 Bridlewood St.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN A. VELEZ	2.2 NAME	CARMEN VELEZ
STREET ADDRESS	2409 PINE CHASE CIRCLE	2.3 STREET ADDRESS	2409 Pine Chase Circle
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	St Cloud, FL 34769
TITLE	TT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEYARA, ROBERTO	3.2 NAME	
STREET ADDRESS	2394 JOSETINA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO JUSTINIANO	4.2 NAME	
STREET ADDRESS	1144 MONROE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ANIBEL	5.2 NAME	
STREET ADDRESS	147 HIDDEN SPRINGS	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, MIGDALIA	6.2 NAME	CLARA GAYACHO
STREET ADDRESS	GRASSY COVE CIRCLE	6.3 STREET ADDRESS	3008 STILLWATER DRIVE
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	KISSIMMEE, FL 34742

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 on an attachment with an address.

SIGNATURE:

Carmen A. Velez
SIGNATURE REQUIRED

847-3181

CR2E037 (9/96)