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Feb 16, 1999 8:00am
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02-16-1999 90057 049 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005910

1. Corporation Name

CENTRO EVANGELISTICO DE AVIVAMIENTO, INC.

Principal Place of Business
14246 BOGGY CREEK RD.
ORLANDO FL 32724

Mailing Address
P.O. BOX 590003
ORLANDO FL 32859



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/01/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3295430

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BETANCOURT, LEMUEL REV.
14246 BOGGY CREEK RD.
ORLANDO FL 32859

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 502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 understand the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE

Signature of registered agent and file if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BETANCOURT, MARYBETH
STREET ADDRESS 2919 FOX SQUIRREL DR.
CITY-ST-ZIP KISSIMMEE FL 34741

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME MORALES, AWILDA
STREET ADDRESS 212 ASHFORD PLACE
CITY-ST-ZIP KISSIMMEE FL 34758

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME CARINO, GITSIE
STREET ADDRESS 518 ROYAL PALM DR.
CITY-ST-ZIP KISSIMMEE FL 34743

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE MD ☐ DELETE
NAME CARINO, ANTONIO
STREET ADDRESS 518 ROYAL PALM DR.
CITY-ST-ZIP KISSIMMEE FL 34743

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

TITLE D ☐ DELETE
NAME BETANCOURT, LEMUEL
STREET ADDRESS 2919 FOX SQUIRREL DR.
CITY-ST-ZIP KISSIMMEE FL 34741

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE: Lemuel Betancourt 1/26/99 (407) 932-1468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)