

FILE NOW: FILING FEE IS \$61.25

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Jun 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 # N 95 00000 1769
1. Corporation Name
IGLESIA NOROESTE DE BROWARD.
PROYECTO DE EDUCACION CRISTIANA DE WESTON.

Principal Place of Business Mailing Address
1420 INDIAN TRACE SAME.
WESTON, FL 33326

3. Date Incorporated or Qualified 4-13-95 3a. Date of Last Report 6-14-96
4. FEI Number 65-0590484 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

2. Principal Place of Business 2a. Mailing Address
21 1420 INDIAN TRACE 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 N/A 27 SAME
City & State 28 SAME
WESTON FL
Zip Country 29 SAME 30 SAME
33326 U S A

9. Name and Address of Current Registered Agent
JOSE D. CASTILLO
16207 SADDIE CLUB RD #203
WESTON, FL 33326

10. Name and Address of New Registered Agent
81 Name N/A
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 *Jose D. Castillo* JOSE D. CASTILLO. DATE 6/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE D. CASTILLO	1.2 NAME	
STREET ADDRESS	16207 SADDIE CLUB RD #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	1.4 CITY-ST-ZIP	
TITLE	(T) TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELLA PHROMVIPHA	2.2 NAME	
STREET ADDRESS	13731 NEWPORT MANOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33325	2.4 CITY-ST-ZIP	
TITLE	(T) SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVAMSTO SALCEDO	3.2 NAME	
STREET ADDRESS	613 S.W. 76TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	
TITLE	EVANISE PARALIN (T) <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2136 N.W. 34 AVE	4.2 NAME	
STREET ADDRESS	MIAMI, FL 33055	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *Jose D. Castillo* JOSE D. CASTILLO DATE 4/23/97 954-389-5708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)