

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **IGLESIA NOROESTE DE BROWARD**
Corporation Name
PROYECTO DE EDUCACION CRISTIANA DE WESTON
N93000001769

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

3. Date incorporated or Qualified **4-13-95**
4. FEI Number **65-0590484** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1420 INDIAN TRACE** 26 **SAME AS ABOVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **N/A** 27 **N/A**
City & State City & State
23 **WESTON FL** 28 **SAME/WESTON FL**
Zip Country Zip Country
24 **33326** 25 **U.S.A** 29 **SAME** 30 **U.S.A**

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JOSE D. CASTILLO
16207 SADDIE CLUB RD
BLOC #2 APT #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) **N/A**
83 **N/A**
84 City **N/A** 85 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		1.2 NAME	JOSE D. CASTILLO (D)
STREET ADDRESS		1.3 STREET ADDRESS	16207 SADDIE CLUB RD #203
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WESTON, FL 33326
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	(D) EUNISE PERMIRO
STREET ADDRESS		2.3 STREET ADDRESS	21361 N.W. 37 AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33055
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D. EVARISTO SALCEDO
STREET ADDRESS		3.3 STREET ADDRESS	613 S.W. 76 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33318
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S. MARCELLA PHRAVIMPHA
STREET ADDRESS		4.3 STREET ADDRESS	13751 NEWPORT MANOR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DAVIE, FL 33325
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	300002576699
STREET ADDRESS		6.3 STREET ADDRESS	-07/01/98--01006--013
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE: *M. Galt* **6/14/98** **(1954) 389-5708**

CR2E037 (10/97)