

5-8-98 B6921 C
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 May 08 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000002054 (3)
 1. Corporation Name

ASAMBLEA CRISTIANA DEL SUR DE LA FLORIDA, INC.



Principal Place of Business: 4623 10TH AVENUE NORTH LAKE WORTH FL 34633
 Mailing Address: 4623 10TH AVENUE NORTH LAKE WORTH FL 34633

3. Date Incorporated or Qualified: 04/24/1995
 4. FEI Number: 65-0751874
 Applied For: Not Applicable

21	2. Principal Place of Business	2a. Mailing Address	26
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27
23	City & State	City & State	28
24	Zip	Country	29
25		Zip	30
25		Country	

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
 BARNES, HENRY D
 3153 EMERSON AVENUE
 LAKE WORTH FL 33461

10. Name and Address of New Registered Agent
 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 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		DELETED
TITLE	NAME	<input checked="" type="checkbox"/>
STREET ADDRESS	NAVARETE, LYDIA	
CITY-ST-ZIP	5624 S 36TH ST. GREENACRES FL 33463	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	MANCELINO, CRUZ	
CITY-ST-ZIP	4460 CARVER ST. APT E LAKE WORTH FL 33463	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	BARNES, HENRY D	
CITY-ST-ZIP	3153 EMERSON AVE. LAKE WORTH FL 33461-2025	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		ADDITION
1.1 TITLE	Trustee	<input checked="" type="checkbox"/>
1.2 NAME	Claudia Padilla	
1.3 STREET ADDRESS	5876 37th Ct	
1.4 CITY-ST-ZIP	Greenacres City 33463	<input checked="" type="checkbox"/>
2.1 TITLE	Marcelino Cruz	<input checked="" type="checkbox"/>
2.2 NAME	Marcelino Cruz	
2.3 STREET ADDRESS	200 E Ocean Ave. Apt. # 11	
2.4 CITY-ST-ZIP	Boynton Beach 33435	<input checked="" type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
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.

SIGNATURE: Henry D Barnes 4/28/98 561-965-0154
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)