

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002842 (1)**
1. Corporation Name

CENTRO BIBLICO EMBAJADORES DE CRISTO, INC.



Principal Place of Business	Mailing Address
1544 W 37 STREET HIALEAH FL 33013	P.O. BOX 99098 NAPLES FL 34116 US

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

65-0584241

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **681 6th STREET**

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 **N.E.**
28 **NAPLES FLORIDA**

24 Zip Country

29 **34120** 30 **Collier**

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

10. Name and Address of New Registered Agent

**GONZPER, NANCY
681-X STREET N.E.
NAPLES FL 34120**

81 Name **GONZPER NANCY**

82 Street Address (P.O. Box Number is Not Acceptable)

681 - 6th STREET N.E.

83

84 City **NAPLES**

FL 85 Zip Code

34120

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

Nancy Gonzper
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/25/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZPER, NANCY	
STREET ADDRESS	681-6 STREET N.E.	
CITY - ST - ZIP	NAPLES FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAMOS, SAMUEL	
STREET ADDRESS	1853 S.W. 3 ST	
CITY - ST - ZIP	MIAMI FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAMOS, LINDA	
STREET ADDRESS	1853 S.W. 3 ST	
CITY - ST - ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZPER, ORLANDO A	
STREET ADDRESS	681-6 STREET N.E.	
CITY - ST - ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ALMERIDA	
STREET ADDRESS	681-6 STREET N.E.	
CITY - ST - ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

Nancy Gonzper

5/25/98 1-941-352-0295

CR2E037 (10/97)