


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90097 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000002886

1. Corporation Name

AMERICAN/NICARAGUAN SOUTH ATLANTIC COAST RELIEF FUNDS INC.

Principal Place of Business

241 E. COPANS RD.
POMPANO BEACH FL 33064

Mailing Address

241 E. COPANS RD.
POMPANO BEACH FL 33064



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21		26	06/14/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number
22		27	65-0603602
City & State		City & State	Applied For
23		28	Not Applicable
Zip		Zip	5. Certificate of Status Desired
24	25	29	30
Country		Country	8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HODGSON, ARTHUR V 241 E. COPANS RD. POMPANO BEACH FL 33064		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			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HODGSON, ARTHUR V	1.2 NAME	
STREET ADDRESS	241 E. COPANS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HODGSON, GLADYS	2.2 NAME	
STREET ADDRESS	241 E. COPANS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	EWING, HOWARD SR.	3.2 NAME	
STREET ADDRESS	19 N.E. 16TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

4/14/99

Date

Daytime Phone #

CR2E037 (1-1/98)