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May 01 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 # N95000003218 (3)

1. Corporation Name

MINISTERIO ESPERANZA DE VIDA, INC

Principal Place of Business

2850 ALOMA AVE SUITE 304  
WINTER PARK FL 32792

Mailing Address

P.O. BOX 607683  
ORLANDO FL 32860-7683



3. Date Incorporated or Qualified  
06/30/1995

3a. Date of Last Report  
07/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3325691

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

9. Name and Address of Current Registered Agent

GONZALEZ, JOSE L  
6792 BRITTANY CHASE CT  
ORLANDO FL 32810

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GONZALEZ, MARITZA  
STREET ADDRESS 6792 BRITTANY CHASE CT  
CITY-ST-ZIP ORLANDO FL 32860-7683

TITLE V  
NAME GONZALEZ, JOSE L  
STREET ADDRESS 6792 BRITTANY CHASE CT  
CITY-ST-ZIP ORLANDO FL 32860-7683

TITLE ST  
NAME SANTOS, ARLEEN V  
STREET ADDRESS 7621 PARK PROMENADE DR. APT. 1312  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE T  
NAME FRIZARRY, DELIC B  
STREET ADDRESS 7723 LADY FRANCES WAY  
CITY-ST-ZIP ORLANDO FL 32807

TITLE T  
NAME CARMEN, MOJICA M  
STREET ADDRESS 3606 NARROLINE DR.  
CITY-ST-ZIP ORLANDO FL 32818

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Rev. Gonzalez, Maritza  
1.3 STREET ADDRESS 6792 Brittany Chase Ct.  
1.4 CITY-ST-ZIP Orlando, Florida 32810

2.1 TITLE V  
2.2 NAME Gonzalez, Jose L.  
2.3 STREET ADDRESS 6792 Brittany Chase Ct.  
2.4 CITY-ST-ZIP Orlando, Florida 32810

3.1 TITLE S T  
3.2 NAME Melendez, Elisa M.  
3.3 STREET ADDRESS 6792 Brittany Chase Ct.  
3.4 CITY-ST-ZIP Orlando, Florida 32810

4.1 TITLE T  
4.2 NAME Irizarry, Delic B.  
4.3 STREET ADDRESS 7723 Lady Frances Way  
4.4 CITY-ST-ZIP Orlando, Florida 32807

5.1 TITLE T  
5.2 NAME Mojica, Carmen M.  
5.3 STREET ADDRESS 5431 Oak Clusters Terrace  
5.4 CITY-ST-ZIP Orlando, FL 32808

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Maritza Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/22/97  
DAYTIME PHONE # (407) 673-0505

CR2E037 (9/96)