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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003770 (3)

CENTRO EVANGELICO CRISTO REY, INC.

NO. MIAMI BEACH FL 33160

13361 PORT SAID ROAD

OPA LOCKA FL 33054

GARCIA, IRMA

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

 	plied For Applicable Additional equired May Be o Fees 199.032,
2. Principal Place of Businoss 2a. Mailing Address 25 65-0625592 No No No No No No No N	plied For Applicable Additional equired May Be o Fees 199.032,
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Additional quired May Be o Fees 199.032,
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City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Zip	May Be o Fees 199.032,
Trust Fund Contribution	o Faes 199.032,
Zip Country Zip Country Zip Country 28 30 S. This corporation has liability for intangible tax under s. Florida Statutes	199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Sunny ISLE BLVD. MIAMI BEACH FL 33160 84 City FL 85 Zip C 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 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 agent. I am familiar with, and accept the obligations of Section 617.0593, Florida Statutes SIGNATURE SIgnature, lyned or printed plane of registered agent and and Fagiliaria. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE PD DELETE 1.1 TITLE PD DELETE 1.2 NAME STREET ADDRESS S683 NW 195TH TERRACE DELETE 1.3 STREET ADDRESS CRIV. \$1.2P MIAMI FL 33055 DELETE 2.1 TITLE DELETE 2.1 TITLE Change Change	Code
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NAME PALOMO, FERNANDO 52 NAME 53 STREET ANDRESS 2370 NF 1847H TERRACE 53 STREET ANDRESS	

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.

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE