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FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004404 (8)**

1. Corporation Name

CENTRO CRISTIANO CASA DE ORACION, INC.

Principal Place of Business

Mailing Address

**5711 W HALLANDE BEACH BLVD
HOLLYWOOD FL 33023**

**5711 W HALLANDE BEACH BLVD
HOLLYWOOD FL 33023**



3. Date Incorporated or Qualified
09/15/1995

3a. Date of Last Report
08/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **6497 MIRAMAR PKWY.**

22 City & State

27 **MIRAMAR, FL 33023**

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRES, CARLOS
5711 W HALLANDE BEACH BLVD
HOLLYWOOD FL 33023**

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 **CARLOS TORRES**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TORRES, CARLOS	
STREET ADDRESS	5711 W HALLANDE BEACH BLVD	
CITY - ST - ZIP	HOLLYWOOD FL 33023	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, ALICE	
STREET ADDRESS	5711 W HALLANDE BEACH BLVD	
CITY - ST - ZIP	HOLLYWOOD FL 33023	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BENITES, REINA	
STREET ADDRESS	5711 W HALLANDE BEACH BLVD	
CITY - ST - ZIP	HOLLYWOOD FL 33023	

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

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

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

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	DS - SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mrs. Nilda Cofales	
2.3 STREET ADDRESS	5711 W HALLANDE BEACH BLVD	
2.4 CITY - ST - ZIP	HOLLYWOOD FL. 33023	

3.1 TITLE	DT - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EFRIAN VELEZ	
3.3 STREET ADDRESS	5711 W HALLANDE BEACH BLVD	
3.4 CITY - ST - ZIP	HOLLYWOOD FL. 33023	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

4/20/97

CR2E037 (9/96)