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# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000006038 (2)**

1. Corporation Name

**CAPELLANES CRISTIANOS EN VICTORIA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2914 GIMLI LN~~<br>~~CASSELBERRY FL 32707~~ | P O BOX 180183<br>CASSELBERRY FL 32718-0183 |

3. Date Incorporated or Qualified: **12/18/1995**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business
21 1110 MEADOW LK WAY
Suite, Apt. #, etc.
22 APT. # 112
City & State
23 WINTER SPRINGS, FL
Zip 24 32708 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **NOT APPLICABLE** ☐ 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**

MUNOZ, JUAN C
~~2914 GIMLI LN~~ 1110 MEADOW LK WAY #112
~~CASSELBERRY FL 32707~~ WINTER SPRINGS, FL 32708

**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 _____ DATE
Signature, typed or printed name of registered agent (not title) if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLON, JOSE CASTRO<br>~~2914 GIMLI LANE~~<br>~~CASSELBERRY FL~~ | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>COLON, JOSE CASTRO<br>1110 MEADOW LK WAY #112<br>WINTER SPRINGS FL 32708 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PREITO, IGNASIO R.<br>~~1620 EMERALD LAKE COVE~~<br>~~CASSELBERRY FL~~ | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>PRIETO, IGNASIO R<br>1655 SEMORAN N. CR. #201<br>WINTER PARK, FL 32792 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TIRADO, CARMEN<br>~~2914 GIMLI LANE~~<br>~~CASSELBERRY FL~~ | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>TIRADO, CARMEN<br>1110 MEADOW LK WAY #112<br>WINTER SPRINGS FL 32708 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MUÑOZ, JUAN C.<br>1110 MEADOW LK WAY #112<br>WINTER PARK, FL 32708 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/96)

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:** _____ JUAN C MUÑOZ 1-21-97 1-407 694-741