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Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000981 (8)

1. Corporation Name

MISION CRISTIANA BETHESDA, INC.

Principal Place of Business

2300 HOWLAND BLVD  
DELTONA FL 32738

Mailing Address

P.O. BOX 6441  
DELTONA FL 32728-6441

3. Date Incorporated or Qualified

02/23/1996

3a. Date of Last Report

2/23/96

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☒\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TORRES, PEDRO JUAN REV  
1115 GALGANO AVENUE  
DELTONA FL 32725

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

1-23/94

12. OFFICERS AND DIRECTORS

TITLE Secretary/D ☐ DELETE  
NAME ALICIA E. TORRES  
STREET ADDRESS 1115 GALGANO AVE.  
CITY-ST-ZIP DELTONA FL 32725TITLE C/D ☐ DELETE  
NAME MARIA Isabel Cordero  
STREET ADDRESS 969 Leeward Drive  
CITY-ST-ZIP DELTONA, FL 32738TITLE V/D ☐ DELETE  
NAME AURA MORALES  
STREET ADDRESS 3289 QUAIL DR.  
CITY-ST-ZIP DELTONA, FL 32738TITLE T ☐ DELETE  
NAME ENOCH MANUEL SIERRA  
STREET ADDRESS 2931 LOCKWOOD BLVD.  
CITY-ST-ZIP DELTONA, FL 32738TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013761

CP2E037 (9/96)