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May 19 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 # N96000001558 (3)

1. Corporation Name

CENTRO CRISTIANO (NUEVA VIDA), INC.

Principal Place of Business

115 HERCULES AVENUE NORTH
CLEARWATER FL 34625

Mailing Address

115 HERCULES AVENUE NORTH
CLEARWATER FL 34625-3033



3. Date Incorporated or Qualified
03/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 12410 Cardigan Dr

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 33625 30 Hillsborough

4. FEI Number

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Andres Velez

82 Street Address (P.O. Box Number is Not Acceptable)

12410 CARDIFF DR.

83

84 City

Tampa

FL

85

Zip Code
33625

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)

4/29/97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ALONSO, NOEMI
STREET ADDRESS 115 HERCULES AVENUE NORTH
CITY-ST-ZIP CLEARWATER FL 34625

TITLE SD ☒ DELETE

NAME CORTES, ORLANDO
STREET ADDRESS 115 HERCULES AVENUE NORTH
CITY-ST-ZIP CLEARWATER FL 34625

TITLE TD ☐ DELETE

NAME ZAMORA, FLORA
STREET ADDRESS 115 HERCULES AVENUE NORTH
CITY-ST-ZIP CLEARWATER FL 34625

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Angel Perez
1.3 STREET ADDRESS 6011 W. Fern St
1.4 CITY-ST-ZIP Tampa Florida 33634

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME Flora Zamora
2.3 STREET ADDRESS 115 Hercules Ave N.
2.4 CITY-ST-ZIP Clearwater, FL 34625

3.1 TITLE TD ☐ Change ☒ Addition

3.2 NAME magreley h. Perez
3.3 STREET ADDRESS 6011 W. Fern St
3.4 CITY-ST-ZIP Tampa, FL 33634

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:

Noemi Alonso

April-29-1997

CR2E037 (9/96)