

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004685 (1)

1. Corporation Name

IGLESIA DEL SENOR, INC.



Principal Place of Business <b>1712 E. BUSCH BLVD. TAMPA FL 33612</b>	Mailing Address <b>1712 E. BUSCH BLVD. TAMPA FL 33612-8612</b>
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3. Date Incorporated or Qualified <b>09/10/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 P.O. BOX 8893 TAMPA, FL 33614</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3391486</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>REGISTERED CORPORATE AGENT INC. 612 S. GREENWOOD AVE. CLEARWATER FL 34616</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P JUAN M. VELAZQUEZ</b>
STREET ADDRESS	<b>8310 N. HILLSBOROUGH LN.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33664</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP ROSA M. VELAZQUEZ</b>
STREET ADDRESS	<b>8310 N. HILLSBOROUGH LN.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33664</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S/T Mercedes Algarin</b>
STREET ADDRESS	<b>6919 N. 11TH ST.</b>
CITY-ST-ZIP	<b>TAMPA, FL 33612</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TR REV. MIGUEL A. VELAZQUEZ</b>
1.3 STREET ADDRESS	<b>2019 E 149TH ST</b>
1.4 CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TR ANNA E. VELAZQUEZ</b>
2.3 STREET ADDRESS	<b>2019 E 149TH ST</b>
2.4 CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>T ARISTIDES ALGARIN</b>
3.3 STREET ADDRESS	<b>6919 N. 11TH ST.</b>
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33612</b>
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	

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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 \_\_\_\_\_ DATE **Jun 19 1997** (Rev) 075-1310

CR2E037 (9/96)