

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000000391 (9)  
1. Corporation Name  
LEONOR MARGARITA CENTRO MEDIUMNICO ESPIRITUAL IN C.



Principal Place of Business: 2221 NW 193 TER. CAROL CITY FL 33055  
Mailing Address: 2221 NW 193 TER. CAROL CITY FL 33055

3. Date Incorporated or Qualified: 01/24/1997  
4. FEI Number: 65-0726367  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes  No   
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
CHACON, MERCEDES  
2221 NW 193 TER.  
CAROL CITY FL 33055

10. Name and Address of New Registered Agent (81-85)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHACON, MERCEDES	1.2 NAME	
STREET ADDRESS	2221 NW 193 TER.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	1.4 CITY-ST-ZIP	
TITLE	V Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, LAZARA R	2.2 NAME	
STREET ADDRESS	2221 NW 193 TER.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	2.4 CITY-ST-ZIP	
TITLE	T Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINS, DORA	3.2 NAME	
STREET ADDRESS	18741 NW 39TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	
TITLE	S Director	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINS, DORA E	4.2 NAME	
STREET ADDRESS	18741 NW 39TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Mercedes Chacon 1-16-98 305-953-7222

CR2E037 (10/97)