


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002085 (5)**  
 1. Corporation Name  
**CENTRO DE ADORACION ADONAI, INC.**



Principal Place of Business <b>2967 HUFFMAN BLVD. JACKSONVILLE FL</b>	Mailing Address <b>P.O. BOX 8453 JACKSONVILLE FL 32246</b>
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3. Date Incorporated or Qualified <b>04/11/1997</b>	
4. FEI Number <b>59-3466747</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>2016 Anniston Rd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 8453</b> Suite, Apt. #, etc.
22 <b>Jacksonville, Florida</b> City & State	27 <b>Jacksonville</b> City & State
23 <b>32246</b> Zip <b>Duval</b> Country	28 <b>Florida</b> City & State
24 <b>32246</b> Zip <b>Duval</b> Country	29 <b>32239</b> Zip <b>Duval</b> Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FERNANDEZ, HECTOR REV**  
**3130 ROGERO ROAD**  
**JACKSONVILLE FL 32277**

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 Rev. Hector Fernandez Rev. Hector Fernandez **3-14-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>Hector Fernandez, Rev.</b>
STREET ADDRESS	<b>3130 Rogero Rd.</b>
CITY-ST-ZIP	<b>Jacksonville, Fl. 32277</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Delbis N Fernandez, Rev.</b>
STREET ADDRESS	<b>3130 Rogero Rd</b>
CITY-ST-ZIP	<b>Jacksonville, Fl. 32277</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>David Jimenez</b>
STREET ADDRESS	<b>336 Full Moon Trail</b>
CITY-ST-ZIP	<b>Jacksonville, Fl. 32225</b>
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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: Rev. Hector Fernandez (Rev. Hector Fernandez) **3-14-98** **904-745-1887**

CR2E037 (10/97)