

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90029 001 ****61.25

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1. Corporation Name
Centro de Adoración Adonai, Inc. ✓

Principal Place of Business: 2016 Anniston Rd. Jacksonville, Fl. 32246 US
Mailing Address: P.O. Box 8453 Jacksonville, Fl. 32239 US

21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified		
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		04/11/1997	4.	FEI Number
22	City & State	27	City & State				Applied For
	Zip	28	Zip			59-3466747	Not Applicable
	Country	29	Country				5. Certificate of Status Desired
25		30					<input type="checkbox"/> \$8.75 Additional Fee Required
							6. Election Campaign Financing Trust Fund Contribution
							<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
Fernandez, Hector Rev.
3130 Rogero Rd.
Jacksonville, Fl. 32277

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

12. OFFICERS AND DIRECTORS		
T	Fernandez, Hector	<input type="checkbox"/> DELETE
3130 Rogero Rd.		
Jacksonville, Florida 32277		
T	Fernandez, Delbis N.	<input type="checkbox"/> DELETE
3130 Rogero Rd.		
Jacksonville, Fl. 32277		
T	Jimenez, David	<input checked="" type="checkbox"/> DELETE
336 Full Moon Trail		
Jacksonville, Fl. 32225		

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rita Diaz	
4.3 STREET ADDRESS	9801 Baymeadows Rd #127	
4.4 CITY-ST-ZIP	Jacksonville, Fl. 32256	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hector Ortiz	
5.3 STREET ADDRESS	11118 Coldfield Dr.	
5.4 CITY-ST-ZIP	Jacksonville, Fl. 32246	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Rev. Hector Fernandez Rev. Hector Fernandez 5-21-99 904-745-1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)