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NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N9700005040 (7)

CENTRO LA ESPERANZA PARA NINOS IMPEDIDOS, INC.

Mailing Address Principal Place of Business 1180 SEMINOLE FARM ROAD 1180 SEMINOLE FARM ROAD 3. Date Incorporated or Qualified OSTEEN FL 32764 OSTEEN FL 32764 09/08/1997 Applied For Not Applicable Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 City & State 7. Is this nonprofit corporation a homeowners association? Yes **⊠** No 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Zip Country ☐ Yes Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARCIAL, ÁNA 82 Street Address (P.O. Box Number is Not Acceptable) 1180 SEMINOLE FARM ROAD 63 OSTEEN FL 32764 Zip Code 84 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. from Vice P. to Treasurer DELETE! 1.1 TITLE TITLE reasurer 1.2 NAME Rosario NAME mas 8570 Sky Lake Circle 1.3 STREET ADDRESS STREET ADDRESS 32809 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS FL 32703 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE Marcial eminole Farms Rd. 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ___ Change Addition ☐ DELETÉ 5.1 TITLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

(A sec. Marcial) 4-28-98 (40)322-5578

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

6.4 CITY-ST-ZIP

CR2E037 (10/97)

FILED

Jul 16 1998 8:00am

Secretary of State