

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 26 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 # **N97000006281 (6)**

1. Corporation Name

**CENTRO CRISTIANO AGAPE DE LAS ASAMBLEA DE DIOS I NC.**

Principal Place of Business

Mailing Address

1725 S. VOLUSIA AVE.  
ORANGE CITY FL

1725 S. VOLUSIA AVE.  
ORANGE CITY FL

3. Date Incorporated or Qualified

**11/05/1997**

4. FEI Number

**59-3485614**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **P.O. Box 0396**

**22** City & State

**27** City & State

**23** Zip Country

**28** **Deltong, FL**

**24** Zip Country

**29** **32739** **30** **Volusia**

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

9. Name and Address of Current Registered Agent

**MARTINEZ, EDWIN**  
**830-850 CALIFORNIA WOODS**  
**ORLANDO FL 32824**

10. Name and Address of New Registered Agent

**81** Name **David Suarez**

**82** Street Address (P.O. Box Number is Not Acceptable)

**313 Dirksen Drive**

**83** **Apt. 5G**

**84** City **De Bary**

**FL** **85** Zip Code **32713**

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. David Suarez**  
Signature, typed or printed name of registered agent and title if applicable.

**Rev. David Suarez**  
(NOTE: Registered Agent signature required when reinstating)

**7-6-98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** **President** ☐ Change ☒ Addition  
1.2 NAME **Rev. David Suarez**  
1.3 STREET ADDRESS **313 Dirksen Dr. # 5G**  
1.4 CITY-ST-ZIP **De Bary, FL. 32713**

2.1 TITLE **T** **Secretary** ☐ Change ☒ Addition  
2.2 NAME **Christina Cordero**  
2.3 STREET ADDRESS **2947 E. Waco Drive**  
2.4 CITY-ST-ZIP **Deltong, FL. 32738**

3.1 TITLE **T** **Treasurer** ☐ Change ☒ Addition  
3.2 NAME **Carmen Rosano**  
3.3 STREET ADDRESS **510 Geraldine Dr.**  
3.4 CITY-ST-ZIP **Deltong, FL. 32725**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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. David Suarez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rev. David Suarez 7-6-98 (407) (608-1851)**  
Date Daytime Phone #

CR2E037 (5/98)