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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006887					
1. Corporation Name CENTROAMERICAN EVANGELICAN CHURCH NEW JERUSALEM INC.					
Principal Place of Business P.O. BOX 21662 WPB FL 33416			Mailing Address P.O. BOX 21662 WPB FL 33416		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/09/1997 4. FEI Number 65-0858178 5. Certificate of Status Desired <input checked="" 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 GIBBONS, ELSA 301 BROADWAY, SUITE 300 RIEIRA BEACH FL 33404			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP NAME FELIPE, RUBEN STREET ADDRESS 433 #2-40 ST. CITY-ST-ZIP W. PALM BEACH FL 33407			1.1 TITLE DP 1.2 NAME Felipe Ruben 1.3 STREET ADDRESS 433 # 2-40 St 1.4 CITY-ST-ZIP W. Palm Beach, FL 33407		
TITLE DVP NAME GONZALEZ, ROSENDO STREET ADDRESS 1677 DALINDA LN., #A CITY-ST-ZIP W. PALM BEACH FL 33406			2.1 TITLE DVP 2.2 NAME Gonzalez, Rosendo 2.3 STREET ADDRESS 1677 Dalinda LN., # A 2.4 CITY-ST-ZIP W. Palm Beach FL 33406		
TITLE DT NAME PEREZ-ANTELMO O STREET ADDRESS 1677 DALINDA LN., #B CITY-ST-ZIP W. PALM BEACH FL 33406			3.1 TITLE DT 3.2 NAME Perez, Antelmo O 3.3 STREET ADDRESS 1677 Dalinda LN., # B 3.4 CITY-ST-ZIP W. Palm Beach FL 33406		
TITLE DT NAME MOLINA, DORIS T STREET ADDRESS 3375 GRACE AVE. CITY-ST-ZIP LAKE WORTH FL 33461			4.1 TITLE DT 4.2 NAME Mario Reynoso 4.3 STREET ADDRESS 3260 49th LN 4.4 CITY-ST-ZIP Lake Worth, Florida 33471		
TITLE DP NAME FELIPE, RUBEN STREET ADDRESS 433 #240TH STREET CITY-ST-ZIP WEST PALM BEACH FL 33407			5.1 TITLE DP 5.2 NAME Felipe, Ruben 5.3 STREET ADDRESS 433 # 240Th Street 5.4 CITY-ST-ZIP West Palm Beach, FL 33407		
TITLE DVP NAME GONZALEZ, ROSENDO STREET ADDRESS 1677 DALINDA LANE #B CITY-ST-ZIP WEST PALM BEACH FL 33406			6.1 TITLE DVP 6.2 NAME Gonzalez, Rosendo 6.3 STREET ADDRESS 1677 Dalinda Lane # B 6.4 CITY-ST-ZIP W. Palm Beach, FL 33406		



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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ruben A Felipe 05-12-99