FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 DEC 30 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005498

1. Corporation Name
IGLESIA BETESDA CASA DE MISERICORDIA, INC.

Principal Place of Business	Mailing Address
8221 MOUNT REGA RD. ORLANDO FL 32822	8221 MOUNT REGA RD. ORLANDO FL 32822

4/1/99 90116 011 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/21/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3613901 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSARIO, RAFAEL
8221 MOUNT REGA RD.
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name RAFAEL ROSARIO
82 Street Address (P.O. Box Number Is Not Acceptable)
83 7611 COCONUT CREEK CIRCLE
84 City ORLANDO FL 85 Zip Code 32822

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 Rafael E. Rosario 3-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSARIO, RAFAEL 8221 MOUNT REGA RD. ORLANDO FL 32822	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D VICTOR VILLANUEVA 7565 FINCASTLE WAY ORLANDO, FL. 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SALICRUZ, CARMEN 7308 MAITAI DR. ORLANDO FL 32822	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DS NINOSKA A. REYES 7549 THELMA WAY ORLANDO, FL 32822	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VEGA, REYES 4508 ELITE DR. ORLANDO FL 32822	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSARIO, SYLVIA 8221 MOUNT REGA RD. ORLANDO FL 32822	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, LUIS 7556 THELMA WAY ORLANDO FL 32822	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DT SHEILA CASTRO-RAMOS 7611 Coconut Creek CT. Orlando, FL 32822	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Rafael E. Rosario SIGNATURE REQUIRED 3-29-99 (407) 382-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)