

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$41.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005776

1. Corporation Name

SIGNS & WONDERS CHRISTIAN CENTER, INC.

Principal Place of Business

7920 INDIGO STREET
MIRAMAR FL 33023

Mailing Address

7920 INDIGO STREET
MIRAMAR FL 33023

FILED

99 SEP -2 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3/14/99 90000 045 710.00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/07/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	Applied For <input checked="" type="checkbox"/> Not Applicable
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	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

ANTONIO RIVERA, REYNALDO
7920 INDIGO STREET
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name BILL DE JESUS
82 Street Address (P.O. Box Number is Not Acceptable)
229 PORCE DE LEON ST
83 ROYAL PALM BCH FL 33069
84 City FL 85 Zip Code 33069

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, 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)

7-28-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNALDO ANTONIO RIVERA	1.2 NAME	
STREET ADDRESS	7920 INDIGO STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33023	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA E. RIVERA	2.2 NAME	
STREET ADDRESS	7920 INDIGO STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33023	2.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE AUEROFF	3.2 NAME	
STREET ADDRESS	1120 NE 184ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH, FL 33179	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like and powers.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone

CR2E037 (5/99)