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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724426 (2)

1. Corporation Name
PRIMERA IGLESIA BAUTISTA HISPANA DE PLANTATION, INC.



Principal Place of Business: 1261 SW 55TH TERR. PLANTATION FL 33317
Mailing Address: 1261 SW 55TH TERR. PLANTATION FL 33317-5324

3. Date Incorporated or Qualified: 09/26/1972
3a. Date of Last Report: 05/01/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6515419	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip Country		Zip Country		<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUIZ, MANUEL 9741 NW 25 COURT SUNRISE FL 33322				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RUIZ, MANUEL		1.2 NAME				
STREET ADDRESS	9741 NW 25 CT.		1.3 STREET ADDRESS				
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	ROMAN, ELDA		2.2 NAME				
STREET ADDRESS	1261 SW 55TH TERR		2.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RANGEL, EDITH		3.2 NAME				
STREET ADDRESS	12610SW 55TH TERR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRANA, MARIANO		4.2 NAME				
STREET ADDRESS	425 SW 22 AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROMAN, ROSALIND		5.2 NAME				
STREET ADDRESS	1261 SW 55TH TERR		5.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LOPEZ, ARMANDO		6.2 NAME				
STREET ADDRESS	1261 SW 55 TERRACE		6.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP				

14. I do 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: *Manuel Ruiz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)