

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
 Jul 22 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
09/26/1972

4. FEI Number
59-6515419

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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

RUIZ, MANUEL
9741 NW 25 COURT
SUNRISE FL 33322

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUIZ, MANUEL	
STREET ADDRESS	9741 NW 25 CT.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CUEVAS, MIGDALIA	
STREET ADDRESS	5151 SW 17TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RANGEL, EDITH	
STREET ADDRESS	12610 SW 55TH TERR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANA, MARIANO	
STREET ADDRESS	425 SW 22 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROMAN, ROSALIND	
STREET ADDRESS	1261 SW 55TH TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ARMANDO	
STREET ADDRESS	1261 SW 55 TERRACE	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Ana E. Guerra
3.4 CITY-ST-ZIP	1261 SW. 55th Terrace
	Plantation FL 33317
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Deacon
6.3 STREET ADDRESS	Elias Roman
6.4 CITY-ST-ZIP	1261 SW 55th Terrace
	Plantation FL 33317

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: _____ 7/9/98 584-5113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)