

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 15 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731167 (3)

1. Corporation Name

IGLESIA BAUTISTA EBENEZER, INC.

Principal Place of Business

4990 EAST 8TH AVE.
HIALEAH FL 33013

Mailing Address

4990 EAST 8TH AVE.
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1974

3a. Date of Last Report

07/06/1994

4. FEI Number

01-9490823

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWISON, ROBERT J
660 NORTHWEST 125TH STREET
NORTH MIAMI FLORIDA

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

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	PD
NAME	RODRIGUEZ, ANTONIO A.
STREET ADDRESS	4061 EAST 6TH AVENUE
CITY - ST - ZIP	HIALEAH, FL 00000
TITLE	V
NAME	GONZALEZ, ANGEL C.
STREET ADDRESS	731 E 47 ST.
CITY - ST - ZIP	HIALEAH FL
TITLE	TD
NAME	SILVA, JOSE
STREET ADDRESS	517 S.W. 98TH COURT
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	MARTINEZ, AMULFO
STREET ADDRESS	716 EAST 10TH STREET
CITY - ST - ZIP	HIALEAH FL
TITLE	V
NAME	ABELLA, FRANCISCO
STREET ADDRESS	3537 S W 13 TERR
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	SD
NAME	GOZALEZ-QUEVEDO, ORLANDO
STREET ADDRESS	380 WEST 64TH STREET
CITY - ST - ZIP	HIALEAH FL

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	GONZALEZ, ANGEL C.	
1.3 STREET ADDRESS	731 E. 47 ST.	
1.4 CITY - ST - ZIP	HIALEAH, FL. 33013	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	AREAS, OCTAVIO	
2.3 STREET ADDRESS	77 W. 20 ST.	
2.4 CITY - ST - ZIP	HIALEAH, FL. 33010	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	GONZALEZ, ANGEL C.	
3.3 STREET ADDRESS	731 E. 47 ST.	
3.4 CITY - ST - ZIP	HIALEAH, FL. 33013	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	QUESADA, VALENTIN	
4.3 STREET ADDRESS	310 E. 44 ST.	
4.4 CITY - ST - ZIP	HIALEAH, FL. 33013	
5.1 TITLE	PD	☒ Change ☐ Addition
5.2 NAME	MARTINEZ, ARNULFO	
5.3 STREET ADDRESS	716 E. 19 ST.	
5.4 CITY - ST - ZIP	HIALEAH, FL. 33013	
6.1 TITLE	SD	☐ Change ☐ Addition
6.2 NAME	GONZALEZ-QUEVEDO, ORLANDO	
6.3 STREET ADDRESS	380 W. 64 ST.	
6.4 CITY - ST - ZIP	HIALEAH, FL. 33012	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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: Angel C. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 8th-1995

Date

Signature/Typed Name