

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **10/10/1974**
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: **01-9490823**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **LEWISON, ROBERT J, 660 NORTHWEST 125TH STREET, NORTH MIAMI FLORIDA FL**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: GONZALEZ, ANGEL C STREET ADDRESS: 731 E 47 ST CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: GAINZA, MOISES 1.3 STREET ADDRESS: 731 E. 47 St. 1.4 CITY-ST-ZIP: HIALEAH, FL. 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: AREAS, OCTAVIO STREET ADDRESS: 77 W 20 ST CITY-ST-ZIP: HIALEAH FL 33010	<input type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: GONZALEZ, ANGEL C. 2.3 STREET ADDRESS: 731 E. 47 St. 2.4 CITY-ST-ZIP: HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GONZAEZ, ANGEL C STREET ADDRESS: 731 E 47 ST CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> DELETE	3.1 TITLE: V 3.2 NAME: QUESADA, VALENTIN 3.3 STREET ADDRESS: 310 E. 44 ST. 3.4 CITY-ST-ZIP: HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: QUESADA, VALENTIN STREET ADDRESS: 310 E 44 ST CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: MARTINEZ, EMMA 4.3 STREET ADDRESS: 768 E. 53 ST. 4.4 CITY-ST-ZIP: HIALEAH, FL. 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: MARTINEZ, ARNULFO STREET ADDRESS: 716 E 19 ST CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GONZALEZ-QUEVEDO, ORLANDO STREET ADDRESS: 380 W 64 ST CITY-ST-ZIP: HIALEAH FL 33012	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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: [Signature] DATE: 4/6/96 DAYTIME PHONE #: 688.2257

CR2E037 (12/95)