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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731167** (3)

1. Corporation Name

IGLESIA BAUTISTA EBENEZER, INC.



Principal Place of Business

Mailing Address

**4990 EAST 8TH AVE.
HIALEAH FL 33013**

**4990 EAST 8TH AVE.
HIALEAH FL 33013-1802**

3. Date Incorporated or Qualified
10/10/1974

3a. Date of Last Report
04/11/1996

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 FL**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAINZA, MOISES	
STREET ADDRESS	731 E 47 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ANGEL C	
STREET ADDRESS	731 E 47TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUESADA, VALENTIN	
STREET ADDRESS	310 E 44TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUESADA, VALENTIN	
STREET ADDRESS	310 E 44 ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ARNULFO	
STREET ADDRESS	716 E 19 ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GONZALEZ-QUEVEDO, ORLANDO	
STREET ADDRESS	380 W 64 ST	
CITY-ST-ZIP	HIALEAH FL 33012	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAINZA, MOISES	
1.3 STREET ADDRESS	5695 W 12 Lane	
1.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GONZALEZ, ANGEL C.	
2.3 STREET ADDRESS	731 E 47 St.	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33013	
3.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	QUESADA, VALENTIN	
3.3 STREET ADDRESS	310 E. 44 St.	
3.4 CITY-ST-ZIP	HIALEAH, FL. 33013	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTINEZ, EMMA	
4.3 STREET ADDRESS	768 E. 53 St.	
4.4 CITY-ST-ZIP	HIALEAH, FL. 33013	
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		
6.3 STREET ADDRESS		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023057

2-12-97

CR2E037 (9/96)