

FILE NOW: FILING FEE IS \$61.25

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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 4990 EAST 8TH AVE. HIALEAH FL 33013	Mailing Address 4990 EAST 8TH AVE. HIALEAH FL 33013-1602
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/10/1974	3a. Date of Last Report 04/11/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 01-9490823	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 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	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 2-12-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023057

CR2E037 (9/96)