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FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 10/10/1974	
4. FEI Number 01-9490823	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

LEWISON, ROBERT J
680 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. City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINZA, MOISES	1.2 NAME	Norma Meza
STREET ADDRESS	731 E 47 ST	1.3 STREET ADDRESS	4841 N.W. 176 ST.
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	Carol City, FL. 33055.
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ANGEL C	2.2 NAME	Octavio Areas
STREET ADDRESS	731 E 47TH ST	2.3 STREET ADDRESS	17434 48 PL.
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	Carol City, 33055.
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ARNULFO	3.2 NAME	SD Ivan Chacón
STREET ADDRESS	716 E 19 ST	3.3 STREET ADDRESS	8841 W. Flagner ST. # 202
CITY - ST - ZIP	HIALEAH FL 33013	3.4 CITY - ST - ZIP	Miami Fl. 33174.
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ-QUEVEDO, ORLANDO	4.2 NAME	Ada Ramos
STREET ADDRESS	380 W 64 ST	4.3 STREET ADDRESS	731 E. 47 ST.
CITY - ST - ZIP	HIALEAH FL 33012	4.4 CITY - ST - ZIP	Hialeah Fl. 33013.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: _____ *[Signature]* 4-16-98

CR2E037 (10/97)