## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90089 001 \*\*\*\*61.25

## **DOCUMENT # N35201**

1. Corporation Name

IGLESIA BUENAS NUEVAS ASAMBLEAS DE DIOS, INC.

| District District                              | Mailing Address                                |
|--|--|
| Principal Place of Business                    | Mailing Address                                |
| 16871 N.W. 57TH AVENUE<br>MIAMI FL 33055<br>US | 16871 N.W. 57TH AVENUE<br>MIAMI FL 33055<br>US |
|  |  |
| 2. Principal Place of Business                 | 2a. Mailing Address                            |

| 2. Principal Place of Business | 2a. Mailing Address | Date Incorporated or Qualifed     11/15/1989   |  |  |  |  |
|--------------------------------|---------------------|--|--|--|--|--|
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number Applied For 65-0223347 Not Applicable                                    |  |  |  |  |
| City & State                   | City & State        | 5. Certificate of Status Desired   \$8.75 Additional Fee Required                      |  |  |  |  |
| Zip Country                    | Zip Cou<br>29 30    | try 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |  |  |  |  |
| 9. Name and Address of Curre   | <u></u>             | 10. Name and Address of New Registered Agent   |  |  |  |  |
| - Hallo alla year              |                     | 81 Name  |  |  |  |  |
| 1333 W. 42ND ST                |                     | 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        |  | AIOTE D  | gistered Agent signature required     | when reinstation                           | DATE                                       |   | _ <del></del> _                        |
|------------------|--|----------|---------------------------------------|--|--|---|--|
| 40               | organizacij, typoz or primot i majorija i ma |          | 13.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR |  | RS IN 12                                      |  |
| 12.              | OFFICERS AND DIRECTORS   | DELETE   | 1,1 TITLE                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |  | Change  | ☐ Addition                             |
|                  | (10  | - DECEIC | · · · · · · · · · · · · · · · · · · · |  | 1 97,721                                   |   | - 1                                    |
|                  | HERNANDEZ, DANIEL A REV.   |          | 1.2 NAME                              |  | 4.   |   | (                                      |
|                  |  |          | 1.3 STREET ADDRESS                    |  | 12 PM S                                    |   | t                                      |
| . ST ZIP         | HIALEAH FL 33012   |          | 1.4 CITY-ST-ZIP                       |  | <u> </u>                                   |   | T i d Perm                             |
|                  | VD   | ☐ DELETE | 2.1 7MLE                              |  |  | Change  | ☐ Addition                             |
| _                | HERNANDEZ, SUSANA  |          | 2.2 NAME                              |  | *  | 4. T  | 1                                      |
| I ADDRESS        | 1  |          | 2.3 STREET ADDRESS                    |  | 7.5  |   | }                                      |
| ST ZIP           | HIALEAH FL 33012   |          | 2.4 CITY-ST-ZIP                       | •  | $   _{V_{k}} =    _{V_{k}} =     _{V_{k}}$ |   |  |
|                  |  | DELETE   | 3.1 TITLE                             |  |  | Change  | Addition                               |
|                  | · =  |          | 3.2 NAME                              |  | ***  | ••  | Į.                                     |
| -                | BASULTO, GEORGE  |          |                                       |  |  |   |  |
| ···· [ I ADDRESS | , · · -  |          | 3.3 STREET ADDRESS                    | ·  | , L  | • •   |  |
| ST-ZIP           | HIALEAH FL   |          | 3.4. CITY-ST-ZIP                      |  |  | Change  | Addition                               |
|                  | ال ا   | DELETE   | 4.1 TITLE                             |  |  |   |  |
| _                | DOMINGUEZ, ELIZABETH   |          | 4.2 NAME                              | •.   | i di di                                    |   | 1                                      |
| _ I ALKURESS     | 1083 W. 37TH ST  |          | 4.3 STREET ADDRESS                    |  | r : 13                                     |   | ,                                      |
| 57 ZIP           | HIALEAH FL 33012   |          | 4.4 CITY-ST-ZIP                       |  | 10   | <u>- 1                                   </u> |  |
|                  |  | DELETE   | 5.1 TITLE                             |  |  | Change  | ☐ Addition                             |
| •                |  |          | 5.2 NAME                              |  |  | i.  |  |
|                  |  |          | 5.3 STREET ADDRESS                    |  | •  |   |  |
| ! ADDRESS        | j  |          | 5.4 C/TY-ST-ZIP                       |  |  |   | ĺ                                      |
| ST ZIP           | <del></del>  | DELETE   | 6.1 TITLE                             |  |  | Change  | Addition                               |
|                  |  |          | 6.2 NAME                              |  |  |   |  |
|                  |  |          | ļ                                     |  |  |   | ſ                                      |
| f ADDRESS        |  |          | 6.3 STREET ADDRESS                    |  |  |   |  |
| . ŠĪ-ŽIP         |  |          | 6.4 CITY-ST-ZIP                       |  |  | 3   | لـــــــــــــــــــــــــــــــــــــ |

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, with all other like empowered.

MATURE: LONGO POSTOLISTE SEQUIRED

04-01-99

CR2E037 (11/98)