

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90129 024 ****61.25

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DOCUMENT # N44165

1. Corporation Name

IGLESIA BAUTISTA DE POMPANO BEACH, INC.Principal Place of Business
101 SOUTHWEST 17TH STREET
POMPANO BEACH FL 33060Mailing Address
101 SOUTHWEST 17TH STREET
POMPANO BEACH FL 33060

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/03/1991

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

65-0275161

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, RAMON C
101 SOUTHWEST 17TH STREET
POMPANO BEACH FL 33060

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CARDOZO, CARLOS
STREET ADDRESS 10 NW 17 CURT
CITY-ST-ZIP POMPANO BEACH FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Fontanet Jim B
1.3 STREET ADDRESS 204 Lake Point Drive #104
1.4 CITY-ST-ZIP Ft Lauderdale FL 33309TITLE D ☐ DELETE
NAME DIAZ, RAMON C.
STREET ADDRESS 133 S.W. 3RD STREET
CITY-ST-ZIP POMPANO BEACH FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Martinez Gilberto
2.3 STREET ADDRESS 2650 NE 8 Terrace
2.4 CITY-ST-ZIP Pompano Beach FL 33064TITLE D ☐ DELETE
NAME MIRELES, JUAN
STREET ADDRESS 3121 N.E. 12TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME RODRIGUEZ, ABRAHAM
STREET ADDRESS 1424 NE 62 ST
CITY-ST-ZIP FT LAUDERDALE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ramon C. Diaz Jr. 1-6-99 785-3864

CR2E037 (11/98)