FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000001358 (1)

IGLESIA BAUTISTA EL CAMINO, INC.

FILED May 19 1998 8:00am Secretary of State

Dringing Disc	o of Dunings	Mailing Address			 1400/Hebb Deb Dutau Hith Odik Daki Duki Qulk Qulk Qulk		
Principal Place of Business Mailing Address							
5815 CORNELIA AVE ORLANDO FL 32807 US		5815 CORNELIA AVE ORLANDO FL 32807 US			3. Date Incorporated or Qualified 03/25/1993		
•		•			4. FEI Number	Applied For	
					59-3157865	Not Applicable	
<u> </u>		2a. Mailing Address 26	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing	\$5.00 May Be	
22 27					Trust Fund Contribution Added to Fees		
City & State City & S		City & State	ate		7. Is this nonprofit corporation a homeowners association?		
23 Zip	Country	Zip Country		8. This corporation owes or has paid the current year Intangible			
24	25	29 3	 -	,		Yes No	
29	9. Name and Address of Current		<u> U </u>		10. Name and Address of New Registered Ag		
			81	Name			
PENA (DAVID REV.		_	ļ <u></u>	(0.0. 0.1.		
8021 PORT SAID STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32817			83				
			84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutes	the abox	e-named		nancing its registered	
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							
12.	Signature, typed or printed name of registered agen			ent signature	required when reinstating) DATE	IDECTODO IN 10	
TITLE	OFFICERS AND	DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
NAME	PENA, DAVID	- DEFECT	1.2 NAME		_	2 Citalingo \$2 Madition	
STREET ADDRESS	8021 PORT SAID STREET			T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32817		1.3 STREE	I			
TITLE	D	DELETE	2 1 TITLE	31-Fit		Change	
NAME	IGLESIAS, JESUS S		2.2 NAME				
STREET ADDRESS 1101 SUPERIOR COURT				T ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2. 4 CITY-			1	
TITLE	D	DELETE	3.1 TITLE			Change Addition	
NAME	RODRIGUEZ, RIGOBERTO		3.2 NAME				
STREET ADDRESS	627 PERSHING DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME	İ			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change (Addition)	
NAME			5.2 NAME			ļ	
STREET ADDRESS			5.3 STREE	F ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	······································		
TITLE		DELETE	6.1 TITLE]	Ł.	Change Addition	
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-1	ST-ZIP			

14. Thereby 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 chapted ex on an attachment with an address.

4/20/98

(407) 361-8156