

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1996 7-5-96

B-72000

DOCUMENT # N94000003509 (6)

1. Corporation Name
 PRIMERA IGLESIA BAUTISTA DE ELOISE, INC.



Principal Place of Business: 108 1ST ST. ELOISE FL 33880-0400
 Mailing Address: P.O. BOX 5026 ELOISE FL 33880-0400

3. Date Incorporated or Qualified: 07/15/1994
 3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
 21 108 1st st.
 22 Suite, Apt. #, etc.
 23 City & State: ELOISE, FL.
 24 Zip: 33880
 25 Country: POLK
 26 2a. Mailing Address: P.O. Box 5026
 27 Suite, Apt. #, etc.
 28 City & State: ELOISE, FL.
 29 Zip: 33880
 30 Country: POLK.

4. FEI Number: 59-3258983
 Applied For
 Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 HERNANDEZ, ABRAHAM
 136 2ND ST.
 ELOISE FL

10. Name and Address of New Registered Agent
 81 Name: HOMERO AMARO
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 510 S. FLORAL
 84 City: BARTOW FL 85 Zip Code: 33830

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: BANDA, RAMON STREET ADDRESS: 136 2ND ST. CITY-ST-ZIP: ELOISE FL 33880-0400	<input type="checkbox"/> DELETE	1.1 TITLE: D.P. RAMON BANDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 108 First, St. 1.4 CITY-ST-ZIP: ELOISE, FL, 33880
TITLE: DT	NAME: HERNANDEZ, ABRAHAM STREET ADDRESS: 136 2ND ST. CITY-ST-ZIP: ELOISE FL 33880-0400	<input type="checkbox"/> DELETE	2.1 TITLE: D.t. GLORIA AMARO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 510 S. FLORAL 2.4 CITY-ST-ZIP: BARTOW, FL, 33830
TITLE: DS	NAME: RAMIREZ, LUZMILA STREET ADDRESS: 115 1ST ST. CITY-ST-ZIP: ELOISE FL 33880-0400	<input type="checkbox"/> DELETE	3.1 TITLE: D.S. Eleuteria Dado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 136 2nd St. 3.4 CITY-ST-ZIP: ELOISE, FL, 33880
TITLE: DV	NAME: OLVERA, PUEBLITO STREET ADDRESS: 124 12TH ST. - WAHNETA CITY-ST-ZIP: WINTER HAVEN FL 33880	<input type="checkbox"/> DELETE	4.1 TITLE: D.v. Antonio Yllaraza <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 601 Evergreen Place S.W. 4.4 CITY-ST-ZIP: WINTER HAVEN, FL, 33880
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Pastor: Ramon Banda 7-1-96 941)223-9951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)