FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500002360 (4)

IGLESIA BAUTISTA HISPANA-MATEO 11:28, INC.					
Principal Plac	e of Business	Mailing Address	······································	- I SONGINI DIN KNINI BILIK ANGKI NNIKI N	DIAN BENEL SBEED 1980N DIAN SING GREF 1881
3521 14TH STREET WEST 3521 14TH STREET WEST BRADENTON FL BRADENTON FL					
				3. Date Incorporated or Qualified	3a. Date of Last Report
				3. Date Incorporated or Qualified 05/15/1995	Not yet
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 65-05 8 1157	Applied For
21		26 714 64 4	Ave. Dr. W	65-0581157	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stal		27			Fee Required
23		28 BRAdoutor	~ Fl.	Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Current		30 manatee		Yes No
	3. Hame Bild Address of Carrell	. negistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
SANCHI	F7 JESUS		1 1	JESUS SANGLEZ	
SANCHEZ, JESUS 2219 11TH STREET WEST				ess (P.O. Box Number is Not Acceptable	4
BRADENTON FL 35205					7
5,4,52,			DAAB	Penton, Fl.	
			84 City		FL 85 Zip Code 36 20 7
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named corpora	ation submits this statement for the purpo	
or region	red agent, or both, in the State of Florid ith, and accept the obligations of, Sectic	o Such Charles was all lonzed	by the corporation's boar	ation submits this statement for the purpord of directors. I hereby accept the appoir	ntment as registered agent. I am
SIGNATURE	and an appropriate configuration of a coord	ni o i i coco, i londa ciatotes.			
SIGNATORIE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:	Rogistered Agent signature required	when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD CANONEZ IEGUO	DELETE	11 TITLE		Change Addition
NAME	SANCHEZ, JESUS		1.2 NAME		
STREET ADDRESS	2219 11TH STREET WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 35205 SD		1.4 CHTY-ST-ZIP		
TITLE	ALBURQUERQUE, EUGENIA	DELETE	2.1 TITLE		Change Addition
NAME	6431 26TH STREET WEST		2.2 NAME		
STREET ADDRESS	BRADENTON FL 34207		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD S4207	f Income	2. 4 CITY-ST-ZIP		
NAME	DE LA ROSA, MAURICIO	DELETE	3.1 TITLE		Change Addition
STREET ADDRESS	1117 13TH AVENUE WEST ST	F 1	3 2 NAME		
CITY-ST-ZIP	BRADENTON FL 34205	. !	3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-S1-ZIP 4.1 TITLE		Change Addition
NAME			1. 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		ľ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		İ
14. I do hereh	v certify that the information supplied wi	th this filing is valuntarily furnished	ad and does not qualify to	r the everyties stated in Costi : 110.07	IDVA I E. I I D. G. I I I I I I I I I I I I I I I I I I

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: __

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96

E/Y/ 253 - 2745 Bestime Phone #