

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jun 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000534

I. Corporation Name

IGLESIA BAUTISTA CENTRAL DE ORLANDO, INC.



Principal Place of Business	Mailing Address
2160 HIWASSEE RD ORLANDO FL 32818 JS	2160 HIWASSEE RD ORLANDO FL 32818 US

1. Principal Place of Business 2160 HIWASSEE Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/23/1996
2. City & State ORLANDO, FL 32818	27. City & State	4. FEI Number NOT-APPLICABLE 59-3363633
3. Zip 32818	28. Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29. Country USA	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
 FLORES, REVEREND JOSE
 2359 ATRIUM CIRCLE
 ORLANDO FL 32808

10. Name and Address of New Registered Agent
 81 Name LOUIS DAVILA
 82 Street Address (P.O. Box Number is Not Acceptable) 911 N. MAIN ST.
 83
 84 City KISSIMMEE FL 85 Zip Code 34744

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: *Jesus Davila* DATE: 6/30/99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE D	12.2 NAME SANTIAGO, BENIGNO	13.1 TITLE DIRECTOR	13.2 NAME LOUIS DAVILA
12.3 STREET ADDRESS 5660 CHUKER DRIVE	12.4 CITY-ST-ZIP ORLANDO FL 32810	13.3 STREET ADDRESS 911 N. MAIN ST	13.4 CITY-ST-ZIP KISSIMMEE, FL 34744
12.1 TITLE SD	12.2 NAME APONTE, ALEJA	13.1 TITLE DIRECTOR	13.2 NAME ALEJA APONTE
12.3 STREET ADDRESS 3102 SHADY WILLOW DRIVE	12.4 CITY-ST-ZIP ORLANDO FL 32808	13.3 STREET ADDRESS 3102 SHADY WILLOW DR.	13.4 CITY-ST-ZIP ORLANDO, FL 32808
12.1 TITLE D	12.2 NAME BATISTA, JUANA M	13.1 TITLE BENIGNO SANTIAGO	13.2 NAME SANTIAGO, BENIGNO
12.3 STREET ADDRESS 3703 TAM DRIVE	12.4 CITY-ST-ZIP ORLANDO FL 32808	13.3 STREET ADDRESS 5660 CHUKER DRIVE	13.4 CITY-ST-ZIP ORLANDO, FL 32810
12.1 TITLE TD	12.2 NAME CRUZ, ROSENDO	13.1 TITLE	13.2 NAME
12.3 STREET ADDRESS 165 WILLOW AVENUE	12.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	13.3 STREET ADDRESS	13.4 CITY-ST-ZIP
12.1 TITLE PD	12.2 NAME FLORES, JOSE	13.1 TITLE	13.2 NAME
12.3 STREET ADDRESS 2359 ATRIUM CIRCLE	12.4 CITY-ST-ZIP ORLANDO FL 32808	13.3 STREET ADDRESS	13.4 CITY-ST-ZIP
12.1 TITLE	12.2 NAME	13.1 TITLE	13.2 NAME
12.3 STREET ADDRESS	12.4 CITY-ST-ZIP	13.3 STREET ADDRESS	13.4 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: *Jesus Davila* DATE: 6/30/99 DAYTIME PHONE: 407-933-0300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)