

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999 (2)



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

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

06-24-1999 90008 007 ****61.25

DOCUMENT # N96000000534

I. Corporation Name

IGLESIA BAUTISTA CENTRAL DE ORLANDO, INC.

Principal Place of Business

2160 HIAWASSEE RD
ORLANDO FL 32818
JS

Mailing Address

2160 HIAWASSEE RD
ORLANDO FL 32818
US



* 5 8 586474 6 4 4 7 4 *



1. Principal Place of Business 2160 HIAWASSEE RD Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State ORLANDO, FL 32818 28 Zip 32818 25 Country USA 29 30		3. Date Incorporated or Qualified 01/23/1996	
				4. FEI Number NOT-APPLICABLE 59-3363633 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				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: <i>Jesus Davila</i> 6/30/99 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 <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTIAGO, BENIGNO	1.2 NAME	LOUIS DAVILA
STREET ADDRESS	5660 CHUKER DRIVE	1.3 STREET ADDRESS	911 N. MAIN ST
CITY-STATE-ZIP	ORLANDO FL 32810	1.4 CITY-STATE-ZIP	KISSIMMEE, FL 34744
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APONTE, ALEJA	2.2 NAME	ALEJA APONTE
STREET ADDRESS	3102 SHADY WILLOW DRIVE	2.3 STREET ADDRESS	3102 SHADY WILLOW DR.
CITY-STATE-ZIP	ORLANDO FL 32808	2.4 CITY-STATE-ZIP	ORLANDO, FL 32808
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	BENIGNO SANTIAGO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATISTA, JUANA M	3.2 NAME	5660 CHUKER DRIVE
STREET ADDRESS	3703 TAM DRIVE	3.3 STREET ADDRESS	ORLANDO, FL 32810
CITY-STATE-ZIP	ORLANDO FL 32808	3.4 CITY-STATE-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ROSENDO	4.2 NAME	
STREET ADDRESS	165 WILLOW AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY-STATE-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, JOSE	5.2 NAME	
STREET ADDRESS	2359 ATRIUM CIRCLE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL 32808	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

Date

407-933-0300

Daytime Phone #

CR2E037 (5/99)