

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 702149 (6)

1. Corporation Name

LATIN-AMERICAN BAPTIST CHURCH HOLDING COMPANY, I
NC.

Principal Place of Business

5609 N LOIS AVE
TAMPA FL 33614

Mailing Address

5609 N LOIS AVE
TAMPA FL 33614



2. Principal Place of Business

21 Suite, Apt. #, etc. 26 Mailing Address

22 City & State 27 Suite, Apt. #, etc.

23 Zip 28 City & State

24 Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

LEYVA, DAVID
5811 N THATCHER ST
TAMPA FL 33614

3. Date Incorporated or Qualified
03/15/1961

3a. Date of Last Report
08/25/1995

4. FEI Number

59-2011030

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEYVA, DAVID
STREET ADDRESS 5811 N THATCHER ST
CITY-ST-ZIP TAMPA FL

DELETE

TITLE T
NAME MEJIAS, LEDA P.
STREET ADDRESS 5803 N. HALE AVE.
CITY-ST-ZIP TAMPA FL

DELETE

TITLE VD
NAME NICASIO, EROQUIA
STREET ADDRESS 7522 N. HALE AVE.
CITY-ST-ZIP TAMPA FL 33614

DELETE

TITLE VD
NAME PLASENCIA, JOSE
STREET ADDRESS 8009 N. PADDOCK
CITY-ST-ZIP TAMPA FL 33614

DELETE

TITLE SD
NAME VIZCAY, SARA M.D.
STREET ADDRESS 5137 ST VINCENT
CITY-ST-ZIP TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

Daytime Phone #

CR2E037 (12/95)