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

DOCUMENT # **710464** **(9)**

1. Corporation Name

NORTHSIDE SPANISH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2580 W 2 AVENUE HIALEAH FL 33010	2580 W 2 AVENUE HIALEAH FL 33010

3. Date Incorporated or Qualified: **03/03/1966**

3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — 27

City & State — 23 — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: **59-1440918** ☐ 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

CABALLERO, EMILIO
1647 SW 27 AVENUE
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: Rafael de Armas Esq

82 Street Address (P.O. Box Number is Not Acceptable): 4630 South Fairway Drive

83

84 City: Punta Gorda FL 85 Zip Code: 33982

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] 7/28/96

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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERDOMO, AIDA		1.2 NAME		
STREET ADDRESS	890 WEST 45 PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, ROBERTO		2.2 NAME		
STREET ADDRESS	470 WEST 33 PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOLLINER, JOSE L REV		3.2 NAME		
STREET ADDRESS	930 WREN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	400001733694	☐ Change ☐ Addition
NAME	JIMENEZ, FRANCISCO		4.2 NAME	-03/06/96--01026--010	
STREET ADDRESS	4385 WEST 12 LANE		4.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NUNEZ, ELSA		5.2 NAME		
STREET ADDRESS	10400 S.W. 27 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	T.D.	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOAQUIN CARDONA		6.2 NAME		
STREET ADDRESS	105 W 79 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEA FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Rev Jose L Molliner [signature] 1-25-96 (305) 884-7389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #