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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1996 1997

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

DOCUMENT # 710464 (9)

1. Corporation Name
NORTHSIDE SPANISH BAPTIST CHURCH, INC.

[redacted]

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/~~1960~~ 1997
3a. Date of Last Report: 03/06/~~1995~~ 1996

2. Principal Place of Business 21 1200 West 4 Ave	2a. Mailing Address 26 1200 West 4 Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah, FL	City & State 28 Hialeah, FL
Zip / Country 24 33010 / 25 USA	Zip / Country 29 33010 / 30 U.S.A

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: Rafael de Armas, Esq. 4/24/97
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	☐ Change ☐ Addition
NAME	JIMENEZ, FRANCISCO		4.2 NAME	
STREET ADDRESS	4385 WEST 12 LANE		4.3 STREET ADDRESS	
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.O.	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JOAQUIN CARDONA		6.2 NAME	
STREET ADDRESS	1217 W 79 ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEA FL		6.4 CITY-ST-ZIP	

5-5-97

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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)(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.

SIGNATURE: Rev OJ Mills 3-24-97 (305) 884-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #