FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # 710464 (9)

1. Corporation Name
NORTHSIDE SPANISH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1200 W 4TH AVENUE HIALEAH FL 33010	1200 W 4TH AVENUE HIALEAH FL 33010

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

4. FEI Number: 59-1440918 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE ARMAS, RAFAEL
4630 SOUTH FAIRWAY DRIVE
PUNTA GORDA FL 33982

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CARDONA, JOAQUIN		2.2 NAME	
STREET ADDRESS	1215 W 79 ST		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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Ken B. Malle Ken Rev. Jose L. Molina Pt. 1-11-98 (305) 885-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #