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AND  
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1995 MAY -1 PM 7:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001490856  
-05/17/95--01051--022  
\*\*\*\*138.75 \*\*\*\*138.75

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 716836 (2)  
1. Corporation Name  
IGLESIA BAUTISTA GETSEMANI, INC.

Principal Place of Business Mailing Address  
5298 N.W. 7TH ST. MIAMI FLORIDA 33126  
5298 N.W. 7TH ST. MIAMI FLORIDA 33126

3. Date Incorporated or Qualified 07/01/1969 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-2226611 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
ALVAREZ, MANUEL A.  
13950 SW 16 TERR  
MIAMI FL 33175

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSADO, EDUVINO
STREET ADDRESS	251 NW 63RD AVENUE
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	T
NAME	BLAZQUEZ, JUAN
STREET ADDRESS	5201 NW 7 ST. #411W
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SAAVEDRA, PEDRO
STREET ADDRESS	5388 NW 4 ST
CITY - ST - ZIP	MIAMI FL
TITLE	M
NAME	GARCIA, GERARADO
STREET ADDRESS	4383 NW 3 ST
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	YABER, MOISES A
STREET ADDRESS	451 SW 83 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	RODRIGUEZ, ROBERTO
STREET ADDRESS	101 SW 83 AVE
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A. MOREIRA	
1.3 STREET ADDRESS	14200 SW 106 TER	
1.4 CITY - ST - ZIP	MIAMI, FL 33186	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E. DIAZ	
2.3 STREET ADDRESS	101 NW 47 AVE, APT 2	
2.4 CITY - ST - ZIP	MIAMI, FL 33126	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AMERICO VAZQUEZ	
3.3 STREET ADDRESS	615 W. PARK DRIVE #203	
3.4 CITY - ST - ZIP	MIAMI, FL 33172	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	J. R. RODRIGUEZ	
4.3 STREET ADDRESS	282 NW 78 AVE	
4.4 CITY - ST - ZIP	MIAMI, FL 33126	
5.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MANUEL A. ALVAREZ	
5.3 STREET ADDRESS	13950 SW 16 TER	
5.4 CITY - ST - ZIP	MIAMI, FL 33175	
6.1 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Guillermo GARCIA	
6.3 STREET ADDRESS	10330 SW 375F	
6.4 CITY - ST - ZIP	MIAMI, FL 33165	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Manuel A. Alvarez MANUEL A. ALVAREZ, PRESIDENT 4/24/95 (301) 477-2326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date