

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716836 (2)

1. Corporation Name
IGLESIA BAUTISTA GETSEMANI, INC.



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

3. Date Incorporated or Qualified: 07/01/1969
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2226611
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. City & State: 27
23. City & State: 28
24. Zip: 25
29. Zip: 30

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, 83, 84 City, 85 Zip Code (FL)

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] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MOREIRA, A	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14200 SW 106 TERRACE	CITY-ST-ZIP: MIAMI FL 33186	1.2 NAME:	
TITLE: D	NAME: DIAZ, E	1.3 STREET ADDRESS:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 101 NW 47TH AVE. APT.2	CITY-ST-ZIP: MIAMI FL 33126	1.4 CITY-ST-ZIP:	2.2 NAME:
TITLE: S	NAME: VAZQUEZ, AMERICO	2.3 STREET ADDRESS:	2.3 STREET ADDRESS:
STREET ADDRESS: 615 W. PARK DRIVE #203	CITY-ST-ZIP: MIAMI FL 33172	2.4 CITY-ST-ZIP:	2.4 CITY-ST-ZIP:
TITLE: D	NAME: RODRIGUEZ, J.R.	3.1 TITLE:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 282 NW 72ND AVE.	CITY-ST-ZIP: MIAMI FL 33126	3.2 NAME:	3.2 NAME:
TITLE: P	NAME: ALVAREZ, MANUEL A	3.3 STREET ADDRESS:	3.3 STREET ADDRESS:
STREET ADDRESS: 13950 SW 16TH TERR.	CITY-ST-ZIP: MIAMI FL 33175	3.4 CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
TITLE: VP	NAME: GARCIA, GUILLERMO	4.1 TITLE:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10330 SW 37TH ST.	CITY-ST-ZIP: MIAMI FL 33165	4.2 NAME:	4.2 NAME:
		4.3 STREET ADDRESS:	4.3 STREET ADDRESS:
		4.4 CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
		5.1 TITLE:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME:	5.2 NAME:
		5.3 STREET ADDRESS:	5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
		6.1 TITLE:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	6.2 NAME:
		6.3 STREET ADDRESS:	6.3 STREET ADDRESS:
		6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-24-96 Daytime Phone #: 448-3099

CR2E037 (12/95)