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Feb 16, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716836

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/01/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2226611
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOREIRA, A		1.2 NAME	
STREET ADDRESS 14200 SW 106 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33186		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANZA, LUIS		2.2 NAME	
STREET ADDRESS 8273 NW 7TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FLORIDA 33126		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINA, ERNESTO		3.2 NAME	
STREET ADDRESS 500 NE 78TH STREET #9		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33138		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, J.R.		4.2 NAME	
STREET ADDRESS 282 NW 72ND AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, CELSO		5.2 NAME	
STREET ADDRESS 5298 N.W.7TH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FLORIDA 33126		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTRO, JUAN		6.2 NAME	
STREET ADDRESS 8615 NW 85TH STREET #120		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/15/99 DAYTIME PHONE #: 305 9512751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)