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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720445 (6)
1. Corporation Name
IGLESIA BAUTISTA HISPANA EMMANUEL, INC.



Principal Place of Business Mailing Address
**3001 N.W. 167 TERRACE
OPA LOCKA FL 33056-4310** **3001 N.W. 167 TERRACE
OPA LOCKA FL 33056-4310**

3. Date Incorporated or Qualified

03/08/1971

4. FEI Number

59-2454259

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **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

10. Name and Address of New Registered Agent

**LEWISON, ROBERT J
660 NW 125 ST
MIAMI FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CRUZ, REV. HUMBERTO**
CITY - ST - ZIP **2980 NW 167 TERR
OPA LOCKA FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **DELGADO, GERMAN**
CITY - ST - ZIP **1075 W 68TH ST APT 219
HIALEAH FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CRUZ, ESTHER**
CITY - ST - ZIP **2980 NW 167 TERR
OPA LOCKA FL**

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **SALMERON, MERCEDES**
CITY - ST - ZIP **4931 NW 170 ST
MIAMI FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **MESA, TOMAS**
CITY - ST - ZIP **11278 SW 30 ST
MIAMI FL**

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **MEDINA, RAMON**
CITY - ST - ZIP **53 NW 51ST AVE.
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

(Signature of Humberto Cruz)
(PD Humberto Cruz)

3/17/98

CR2E037 (10/97)