

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720445

1. Corporation Name

IGLESIA BAUTISTA HISPANA EMMANUEL, INC.

Principal Place of Business

3001 N.W. 167 TERRACE
OPA LOCKA FL 33056-4310

Mailing Address

3001 N.W. 167 TERRACE
OPA LOCKA FL 33056-4310

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90024 006 ****61.25

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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

3. Date Incorporated or Qualified

03/08/1971

4. FEI Number
59-2454259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEWISON, ROBERT J
660 NW 125 ST
MIAMI FL

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

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

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

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

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

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

TITLE VT ☐ DELETE
NAME MEDINA, RAMON
STREET ADDRESS 53 NW 51ST AVE.
CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: *R. H. [Signature]* SIGNATURE REQUIRED 2)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

Daytime Phone #

CR2E037-(11/98)