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 # 720961

1. Corporation Name

RESURRECTION SPANISH BAPTIST CHURCH, INC.

Country

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

2323 SW 27TH AVE MIAMI FL 33145 2323 SW 27TH AVE MIAMI FL 33145

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90076 013 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

05/17/1971

23-7289818

4. FEI Number

24	25	29		30			Trust Fund Condibation	. Dl. 4 4		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
The Art will be the					81	Name				
COLDREDG CLEN. 7. ESO					82	Street Address (P.O. Box Number is Not Acceptable)				
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	CKELL AVE			,						
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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	*	nted name of registered agent and ti	tle if englicable	(NOTE: Registere	d Agen	t signature re	equired when reinstating)	DATE	-	
12.	Signature, typed or pri	OFFICERS AND DI		13.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12
	PD ·	OFFICERS AND DI	DELE		TILE				☐ Change	Addition
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NAME	LOPEZ, EDDY	<i>l</i>	., ,	4.2	NAME				4	\$11 mg
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STREET ADDRESS	建始对于 "一	***		6.3	STREET	TADORESS				
OTT OT TIP	100				CITY-S					
CITY-ST-ZIP	certify that the in	formation supplied with the	s filing does not qua	lify for the ex	empti	ion stated	d in Section 119.07(3)(i), Florida Statut	es. I further cer	tify that the in	formation
i nereby	Contracture in	contractor acppies with the	uel report is true an	d accurate an	d tha	t my sign	ature shall have the same legal effect	as if made und	er oath; that I	am an

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/99

Daytime Phone #

SR2E037 (11/98

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable