

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 07 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 723735 (7)
1. Corporation Name
PRIMERA IGLESIA BAUTISTA LIBRE DE HIALEAH, INC.



Principal Place of Business 26 E. 7 ST. HIALEAH FL 33010	Mailing Address 26 E. 7 ST. HIALEAH FL 33010-4410
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1972	3a. Date of Last Report 04/25/1996
21	22	23	24	4. FEI Number 59-2218792	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WAITE, JAIME A. 1020 N.W. 32ND STREET MIAMI FL 33127				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, OBDULIA	1.2 NAME	
STREET ADDRESS	702 E 30 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNCAL, DANNY	2.2 NAME	UNCAL, DANNY
STREET ADDRESS	560 W. 65 DRIVE	2.3 STREET ADDRESS	560 W. 65 DRIVE
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTILLO, MILLIE	3.2 NAME	UNCAL, DORIS
STREET ADDRESS	1953 WEST 63RD STREET	3.3 STREET ADDRESS	560 W. 65 DRIVE
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHEVARRIA, ANTONIO	4.2 NAME	
STREET ADDRESS	335 E. 11 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, REV. ISREAL	5.2 NAME	
STREET ADDRESS	18 EAST 7TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, REV RAUL M	6.2 NAME	
STREET ADDRESS	2901 NW 91 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 REQUIRED **4/1/97 885-4860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022761

CFR2E037 (9/96)