


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 734533</b> 1. Entity Name IGLESIA BAUTISTA JERUSALEM, INC.			FILED 08 APR 11 AM 11:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2495 NW 23RD ST MIAMI, FL 33142 US		Mailing Address 2495 NW 23RD ST MIAMI, FL 33142 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FUSSALVA, RAFAEL 2511 NW 22ND AVE MIAMI, FL 33142		Name <b>REV. RAFAEL FUSSALVA, PASTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2511 N.W. 22ND. AVE.</b> City <b>MIAMI</b> FL Zip Code <b>33142</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		_____ <b>REV. RAFAEL FUSSALVA, PASTOR</b> <b>4/6/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILING FEE IS \$64.25 DUE BY MAY 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete NAME QUINONES, ANTONIO J STREET ADDRESS 19121 NW 52 CT CITY-ST-ZIP OPA LOCKA, FL 33055	TITLE P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME QUINONES, ANTONIO J STREET ADDRESS 19121 NW 52 CT CITY-ST-ZIP OPA LOCKA, FL 33055		
TITLE D <input type="checkbox"/> Delete NAME AGUILA, JOSE M STREET ADDRESS 2495 NW 23RD ST CITY-ST-ZIP MIAMI, FL 33142	TITLE D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME FABELO, EUGENIA STREET ADDRESS 1310 N.E. 139 ST. CITY-ST-ZIP MIAMI, FL 33161		
TITLE P <input checked="" type="checkbox"/> Delete NAME FABELO, EUGENIA STREET ADDRESS 1310 NE 139TH ST CITY-ST-ZIP MIAMI, FL 33161	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME FUSSALVA, RAISA STREET ADDRESS 2511 NW 22ND AVE CITY-ST-ZIP MIAMI, FL 33142	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.			
SIGNATURE: _____		_____ <b>Eugenia Fabelo</b> <b>4/6/08</b> <b>(305) 893-0838</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	