

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738021 (5)

1. Corporation Name

IGLESIA BAUTISTA DE WESTCHESTER, INC.

Principal Place of Business

2680 S W 112 AVENUE
MIAMI FL 33165

Mailing Address

2680 S W 112 AVENUE
MIAMI FL 33165

FILED
Sep 03 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1977
3a. Date of Last Report 03/08/1996

4. FEI Number 59-1949585
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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

DONET, DAVID A., ESQ.
3191 CORAL WAY, SUITE #201
MIAMI FL 33145

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

12. OFFICERS AND DIRECTORS
TITLE PT MORIYON, ESTEBAN ☐ DELETE
NAME 12900 SW 25 TERRACE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE T MILANES, JOSE ☐ DELETE
NAME 4210 SW 102 AVENUE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE T PADILLA, INES ☒ DELETE
NAME 810 NW 129 PLACE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE T TORO, CARLOS ☒ DELETE
NAME 6890 SW 16 STREET
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE S VARGAS, LUPE ☐ DELETE
NAME 13222 S.W. 5TH TERRACE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE T ZELEYA, LUIS ☒ DELETE
NAME 1149 SW 139 COURT
STREET ADDRESS MIAMI FL
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PT MORIYON, ESTEBAN ☒ Change ☐ Addition
1.2 NAME 12780 SW 26 STREET
1.3 STREET ADDRESS MIAMI, FL. 33175
1.4 CITY-ST-ZIP
2.1 TITLE T ABELLA, FRANCISCO ☐ Change ☒ Addition
2.2 NAME 3400 SW 124 COURT
2.3 STREET ADDRESS MIAMI, FL. 33175
2.4 CITY-ST-ZIP
3.1 TITLE T MARTINS, ADA ☐ Change ☒ Addition
3.2 NAME 13844 SW 106 TERRACE
3.3 STREET ADDRESS MIAMI, FL. 33186
3.4 CITY-ST-ZIP
4.1 TITLE T VAZQUEZ, HENRY ☐ Change ☒ Addition
4.2 NAME 14301 SW 99 AVENUE
4.3 STREET ADDRESS MIAMI, FL. 33176
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 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 _____

CP2E037 (4/97)