03221999-90038-041-$61.25-$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90038 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 742058

1. Corporation Name
EL SALVADOR EAST HIALEAH BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
3805 W. 8TH AVE. HIALEAH FL 33012	3805 W. 8TH AVE. HIALEAH FL 33012

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/09/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2342907 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARCIA, REINALDO 4283 WEST 6TH CT HIALEAH FL 33012	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	GARCIA, ADA		1.2 NAME	MARITZA, ROMERO	
STREET ADDRESS	14824 S.W. 176TH STREET		1.3 STREET ADDRESS	7451 W 30 LN	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	HIALEAH FL	
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MONROY, JOSE A.		2.2 NAME		
STREET ADDRESS	891 WEST 53RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, REINALDO		3.2 NAME		
STREET ADDRESS	4283 W 6TH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 00000		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, RAFAEL		4.2 NAME		
STREET ADDRESS	433 E 61ST ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [illegible] REQUIRED 3/11/99 (305) 557-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #