

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

95 MAR -3 AM 9:00

DOCUMENT # **744086 (0)**  
1. Corporation Name  
**PRIMERA IGLESIA BAUTISTA LA HERMOSA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**26140 SW 152 AVENUE  
LEISURE CITY FL 33033**      **26140 SW 152 AVENUE  
LEISURE CITY FL 33033**

2. Principal Place of Business      2a. Mailing Address  
21 **28140 SW 152 AVE**      26 **28140 SW 152 AVE**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23 **LEISURE CITY FL**      28 **LEISURE CITY FL**  
Zip      Country      Zip      Country  
24 **33033**      25 **FL**      29 **33033**      30 **FL**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/25/1978**      **04/26/1994**

4. FEI Number      Applied For / Not Applicable  
**59-2784678**

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
 **None**

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees  
 **None**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status      \$68.75 Supplemental Fee Not Required  
 **Yes**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes      Yes  No

9. Name and Address of Current Registered Agent  
**PICHS, GUILLERMO V  
29617 SW 158 CT  
EVERGLADES TRAILER CAMP  
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *G. Pichs*      DATE: \_\_\_\_\_  
Signature must be of registered agent or secretary of corporation. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PICHS, GUILLERMO V.
STREET ADDRESS	29617 SW 158TH CT.
CITY, ST, ZIP	HOMESTEAD FL
TITLE	SD
NAME	PICHS, MARIA C.
STREET ADDRESS	29617 SW 158TH CT.
CITY, ST, ZIP	HOMESTEAD FL
TITLE	TD
NAME	CRUZ, MELENDEZ P
STREET ADDRESS	11832 SW 188 TERR
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	MELENDEZ, IRMA
STREET ADDRESS	11832 SW 188 TERR
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	MONTANEZ, SOFIE
STREET ADDRESS	30105 SW 152 CT
CITY, ST, ZIP	LEISURE CITY FL
TITLE	D
NAME	RUIZ, ANTOLIN
STREET ADDRESS	28100 S.W. 159TH AVE.
CITY, ST, ZIP	HOMESTEAD FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>TD</b>
33 STREET ADDRESS	<b>BERNARD LEZCANO</b>
34 CITY - ST - ZIP	<b>12270 SW 185 TERR MIAMI FL 33177</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>D</b>
63 STREET ADDRESS	<b>MARCO A. RODRIGUEZ</b>
64 CITY - ST - ZIP	<b>154.315W 306ST. LEISURE CITY FL 33033</b>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows real equality for the purposes stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in block 12 or block 13 if checked, or on an attachment with my address.

SIGNATURE: *G. Pichs*      DATE: **2-27-95**      305  
Signature must be of registered agent or secretary of corporation. (NOTE: Registered Agent signature required when re-registering)      **248-5177**