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Feb 10 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 # 744086 (0)

1. Corporation Name

PRIMERA IGLESIA BAUTISTA LA HERMOSA, INC.



Principal Place of Business

Mailing Address

28140 SW 152ND AVENUE
LEISURE CITY FL 33033
US

28140 SW 152 AVENUE
LEISURE CITY FL 33033-1409

3. Date Incorporated or Qualified
08/25/1978

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2784678

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICHS, GUILLERMO V
29617 SW 158 CT
EVERGLADES TRAILER CAMP
HOMESTEAD FL 33030

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PICHS, GUILLERMO V.
STREET ADDRESS 29617 SW 158TH CT.
CITY-ST-ZIP HOMESTEAD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME PICHS, MARIA C.
STREET ADDRESS 29617 SW 158TH CT.
CITY-ST-ZIP HOMESTEAD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME MELENDEZ, CRUZ
STREET ADDRESS 11832 SW 183TH TERRACE
CITY-ST-ZIP MIAMI FL

3.1 TITLE TD
3.2 NAME OMANA, JOSE
3.3 STREET ADDRESS 30241 SW 158th Rd.
3.4 CITY-ST-ZIP LEISURE CITY, FL. 33030

TITLE VD
NAME MELENDEZ, IRMA
STREET ADDRESS [REDACTED]
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME MONTANEZ, SOFIE
STREET ADDRESS 30105 SW 152 CT
CITY-ST-ZIP LEISURE CITY FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME LEZCANO, REDONEL
STREET ADDRESS 12270 SW 185TH TERRACE
CITY-ST-ZIP MIAMI FL

6.1 TITLE D
6.2 NAME GUEVARA, MARCO T.
6.3 STREET ADDRESS 28530 SW 144th AVE.
6.4 CITY-ST-ZIP HOMESTEAD, FL. 33033

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024205

CR2E037 (9/96)