

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 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 # 753020 (7)  
1. Corporation Name  
IGLESIA BAUTISTA HOREB, INC.



Principal Place of Business: 795 WEST 68TH STREET HIALEAH FL 33014-4814  
Mailing Address: 795 WEST 68TH STREET HIALEAH FL 33014-4814

3. Date Incorporated or Qualified: 06/19/1980  
3a. Date of Last Report: 01/29/1996

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)

4. FEI Number: 59-1963408  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
FERNANDEZ, OTTONIEL REV  
6974 BOTTLE BRUSH DR  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FERNANDEZ, OTTONIEL (REV)
STREET ADDRESS	6974 BOTTLE BRUSH DR
CITY - ST - ZIP	MIAMI LAKES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	LOPEZ, YOLANDA
STREET ADDRESS	3831 WEST 2ND LANE
CITY - ST - ZIP	HIALEAH FL 33012
TITLE	V <input type="checkbox"/> DELETE
NAME	GARCIA, JUAN
STREET ADDRESS	845 WEST 74 ST #125
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	SC <input type="checkbox"/> DELETE
NAME	IGLESIAS, SILVIA
STREET ADDRESS	8005 WEST 6 AVE APT H
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	T <input type="checkbox"/> DELETE
NAME	HERNANDEZ, JOSE
STREET ADDRESS	16824 N.W. 49 AVE
CITY - ST - ZIP	MIAMI FL 33055
TITLE	T <input type="checkbox"/> DELETE
NAME	GARCIA, JULIO
STREET ADDRESS	870 EAST 28TH ST
CITY - ST - ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rev Ottoniel Fernandez* REQUIRED 1-7-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023217

CR2E037 (9/96)