


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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**



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/19/1980**

4. FEI Number: **59-1963408**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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: \_\_\_\_\_ **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	PD	1.1 TITLE	V
NAME	FERNANDEZ, OTTONIEL (REV)	1.2 NAME	Hernandez Jose
STREET ADDRESS	6974 BOTTLE BRUSH DR	1.3 STREET ADDRESS	795 West 68th Street
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Hialeah, Florida 33014
TITLE	T	2.1 TITLE	
NAME	LOPEZ, YOLANDA	2.2 NAME	
STREET ADDRESS	3831 WEST 2ND LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	GARCIA, JUAN	3.2 NAME	
STREET ADDRESS	845 WEST 74 ST #125	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	3.4 CITY-ST-ZIP	
TITLE	SC	4.1 TITLE	
NAME	IGLESIAS, SILVIA	4.2 NAME	
STREET ADDRESS	8005 WEST 6 AVE APT H	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	HERNANDEZ, JOSE	5.2 NAME	
STREET ADDRESS	18824 N.W. 49 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	GARCIA, JULIO	6.2 NAME	
STREET ADDRESS	870 EAST 28TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)