


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90176 004 ****61.25

DOCUMENT # 753020					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-1963408				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERNANDEZ, OTTONIEL REV 6974 BOTTLE BRUSH DR MIAMI LAKES, FL 33014			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature types in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, OTTONIEL (REV)		NAME		
STREET ADDRESS	6974 BOTTLE BRUSH DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, YOLANDA		NAME		
STREET ADDRESS	3831 WEST 2ND LANE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, JULIO		NAME		
STREET ADDRESS	870 EAST 28TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IGLESIAS, SILVIA		NAME		
STREET ADDRESS	8005 WEST 6 AVE APT H		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATOS, SAMUEL		NAME		
STREET ADDRESS	5800 WEST 18 LANE #101		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rev Ottoniel Fernandez</i>			04/30/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date (Optional) Month & Day		