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Feb 02, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-02-1999 90016 027 \*\*\*\*\*61.25

DOCUMENT # 753539

1. Corporation Name  
IGLESIA BAUTISTA RENACER, INC.

Principal Place of Business  
1101 SW 12TH AVE.  
MIAMI FL 33129

Mailing Address  
P.O. BOX 35190  
MIAMI FL 33135  
US



2. Principal Place of Business (21-24) 2a. Mailing Address (26-29) 3. Date Incorporated or Qualified (30) 4. FEI Number (59-2301508) 5. Certificate of Status Desired (\$8.75 Additional Fee Required) 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (CALLEJO, JOSE, 6571 SW 34 STREET, MIAMI FL 33155) 10. Name and Address of New Registered Agent (81-85)

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	1.1 TITLE	
NAME	AVILA, HUMBERTO	1.2 NAME	
STREET ADDRESS	1941 NW 106 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	AVILA, MARIA	2.2 NAME	
STREET ADDRESS	1941 NW 106 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	GONZALEZ, RAMON, JR.	3.2 NAME	
STREET ADDRESS	2765 W 61 PLACE #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Signature* SIGNATURE REQUIRED Rev. Humberto Avila, 1/13/99 3058541147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)