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FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 754975 (1)**

1. Corporation Name

IGLESIA BAUTISTA EL BUEN PASTOR, INC.

Principal Place of Business

**2600 E. 8TH AVE.
HIALEAH FL 33013**

Mailing Address

**2600 E. 8TH AVE.
HIALEAH FL 33013-3451**3. Date Incorporated or Qualified
11/04/19803a. Date of Last Report
04/02/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.22
City & State27
City & State23
Zip

Country

28
Zip

Country

24

25

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9. Name and Address of Current Registered Agent

**PEDRAZA, JOSE M.
1010 W 31 ST
HIALEAH FL 33012**

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

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 **SD** ☐ DELETENAME **ARMENTEROS, MR. OTILIO**
STREET ADDRESS **9062 NE 193 TERR REPARTO LAKE ON GREEN**
CITY-ST-ZIP **MIAMI FL**TITLE **VD** ☐ DELETENAME **CABOVERDE, JOSE**
STREET ADDRESS **19402 NW 42ND CT.**
CITY-ST-ZIP **CAROL CITY FL**TITLE **PD** ☐ DELETENAME **MENENDEZ, MR. PEDRO N.**
STREET ADDRESS **60 E. 38TH ST.**
CITY-ST-ZIP **HIALEAH FL**TITLE **C** ☐ DELETENAME **BELLO, JOSEPH**
STREET ADDRESS **33 E 60 ST**
CITY-ST-ZIP **HIALEAH FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97

Date

Daytime Phone # 0023075

CR2E037 (9/96)