

**FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 JUL 13 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 758104 (4)**

1. Corporation Name  
**IGLESIA BAUTISTA FILADELFA INC.**

Principal Place of Business

Mailing Address

8918 SW 56 STREET  
MIAMI FL 33165  
US

P O BOX 830514  
MIAMI FL 33283

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1981** 3a. Date of Last Report **06/29/1994**

4. FEI Number **59-2317839** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **12032 S.W. 13207** 26 **12032 S.W.**  
Suite, Apt. #, etc. **BOX 7** Suite, Apt. #, etc.

22 **MIAMI FLA.** 27  
City & State **FLA. DODE** 28  
City & State

24 **33186** 25 Country 29 **33186** 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATOS, NILO  
12550 SW 117 LANE  
MIAMI FL 33186**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **MATOS, NILO**  
STREET ADDRESS **12550 SW 117 LANE**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **SD**  
NAME **BRESCHA, CLARA**  
STREET ADDRESS **4254 S.W. 68TH COURT**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **TD**  
NAME **ARMENTEROS, CARLOS**  
STREET ADDRESS **6020 S.W. 93RD COURT**  
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D**  
NAME **QUINONEZ, VICENTE**  
STREET ADDRESS **11818 SW 273 LANE**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D**  
NAME **VERAS, SILVIO**  
STREET ADDRESS **9734 HAMMOCKS VOULEVARD, APT. 102**  
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

*Dr. Nilo Matos*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR DIRECTOR

**7-5-95**  
Date

**596-6922**  
Daytime Phone #