

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765975 (8)

1. Corporation Name
PRIMERA IGLESIA BAUTISTA HISPANA DE DOVER, INCORPORATED



Principal Place of Business: P O BOX 355 SYDNEY FL 33587-7755
Mailing Address: P O BOX 355 SYDNEY FL 33587-7755

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 10/20/1995

2. Principal Place of Business 21 P.O. BOX 355 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 355 Suite, Apt. #, etc.	4. FEI Number 59-2443076 Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State 23 SYDNEY, FL	27 City & State 28 SYDNEY FL 33587-7755	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33587-7755 25 HILLSBOROUGH 33587	30 HILLSBOROUGH	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent DELGADO, DAVID 702 INNERGARY PLACE VALRICO FL 33594	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD DELGADO, DAVID 702 INNERGARY PLACE VALRICO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANDA, MARIA L 1409 SYDNEY DOVER RD SYDNEY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T FEDERICO GUEVARRA P.O. BOX 292 (N/A) SYDNEY, FL 33587 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELGADO, ANTONIA 702 INNERGARY PLACE VALRICO FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S LUISA CUEVAS 4203 S. WEBBER RD. PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, GUILLERMO 4106 DRAWDY RD PLANT CITY FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	900001839959 -05/28/96--01016--004 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANDA, ASENCION 1409 SYDNEY DOVER RD SYDNEY FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T JESUS CAMPOS P.O. BOX 480 (N/A) DURANT FL 33530 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREJO, DIONISIO 1409 SYDNEY DOVER RD SYDNEY FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T JAVIER DOMINGUEZ P.O. BOX 262 (N/A) SYDNEY, FL 33887 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: David Delgado DAVID DELGADO 4-21-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)