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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/03/1982	
4. FEI Number 59-2443076	Applied For <input type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PMD <input type="checkbox"/> DELETE
NAME	DELGADO, DAVID
STREET ADDRESS	702 INNERGARY PLACE
CITY-ST-ZIP	VALRICO FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CUEVAS, ERNESTO
STREET ADDRESS	4203 S WEBBER RD
CITY-ST-ZIP	PLANT CITY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DOMINGUEZ, MILDRED
STREET ADDRESS	609 W BALLS STREET APT #08
CITY-ST-ZIP	PLANT CITY FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	DOMINGUEZ, JAVIER
STREET ADDRESS	609 W BALL ST APT #08
CITY-ST-ZIP	PLANT CITY FL
TITLE	TR <input type="checkbox"/> DELETE
NAME	QUEVARRA, FEDERICO
STREET ADDRESS	P O BOX N/A
CITY-ST-ZIP	SYDNEY FL
TITLE	TR <input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, ISRAEL
STREET ADDRESS	609 W BALL ST APT #08
CITY-ST-ZIP	PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TR
1.3 STREET ADDRESS	LUIS CARRIZO
1.4 CITY-ST-ZIP	PO BOX 556 SYDNEY, FL33587 N/A
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	F
2.3 STREET ADDRESS	ISRAEL VAZQUEZ
2.4 CITY-ST-ZIP	PO BOX 252 SYDNEY, FL 33587 N/A
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TR
3.3 STREET ADDRESS	ANTONIA DELGADO
3.4 CITY-ST-ZIP	702 INNERGARY PLACE VALRICO, FL 33594
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TR
4.3 STREET ADDRESS	DIONISIO TREJO
4.4 CITY-ST-ZIP	PO BOX 507 SYDNEY, FL 33587 N/A
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TR
5.3 STREET ADDRESS	RAUL RAMIREZ
5.4 CITY-ST-ZIP	5230 S.R. 60 DOVER, FL 33527
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Mildred Dominguez* (14 D-02-20-98/012) 70L90111

CR2E037 (10/97)