FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 768551

(4)

FIRST SPANISH BAPTIST CHURCH OF NORTH MIAMI BEAC

FILED Feb 05 1998 8:00am Secretary of State

# 1800EF #00F0 #F(0)	Alifor Othor John Millinds	8

H, INC.		
Principal Place of Business Mailing Address	· · · · · · · · · · · · · · · · · · ·	
8005 N.W. 173 DRIVE 5005 N.W. 173 DRIVE		3. Date Incorporated or Qualified
CORAL CITY FL 33180-2633 CORAL CITY FL 33055		05/23/1983
		4. FEI Number Applied For
		59-2321556 Not Applicable
2. Principal Place of Business 2a. Mailing Address	1// .44	5. Certificate of Status Desired S8.75 Additional
21 1331 N. Palm Avenue 26 19308 N. W. Suite, Apt. #, etc.	, 46 HUC.	Fee Required
27		6. Election Campaign Financing Trust Fund Contribution Added to Fees
City & State	y Fla	7. Is this nonprofit corporation a homeowners association?
Zip Country Zip	Country	8. This corporation owes or has paid the current year Intangible
	30 U.S.A.	Personal Property Tax due June 30. Yes Yo
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
	81 Name	
PEREZ, JUAN A	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
19308 N.W. 46 AVE.	63	
CAROL CITY FL 33055	63	İ
	84 City	85 Zip Code
11. Pursuant to the proutsions of Sections 517 0502 and 517 509. Florida Statutor	the shows named core	FL 32 2000
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was acagent. I am familiar with, and accept the obligations of Section 617.0503, Florida.	thorized by the corporati	ion's board of directors. I hereby accept the appointment as registered
	ida Statutes.	loolar
SIGNATURE Signature, typed or printed hard bit registered agent angular il applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DAV
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE	1.1 TITLE	Change Addition
NAME PEREZ, JUAN A	1.2 NAME	
STREET ADDRESS 19308 N.W. 48 AVE.	1.3 STREET ADDRESS	إ
CITY-ST-ZIP CAROL CITY FL 33055	1.4 CITY - ST - ZIP	
TITLE VO DELETE	2.1 TITLE	L Change Addition
NAME BARCOS, JUAN	2.2 NAME	
STREET ADDRESS 6700 W. 24 CT. #16-12	2.3 STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 33016 TITLE SD DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME DORIS N. PABON	3.2 NAME	C Ordingo C Australia
STREET ADDRESS 2040 N. DOUGLAS RD. #105	3.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL	3.4. CITY-SI-ZIP	
TITLE TD DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME LARRALDE, ROSA E	4. 2 NAME	
STREET ADDRESS 19324 N.W. 48 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP CAROL CITY FL 33055	4.4 CITY-ST-ZIP	
TITLE DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	†
STREET ADDRESS	6.3 STREET ADDRESS	
City-st-zip	6.4 CITY - ST - ZIP	

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 and owner in open as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or Block 12 or Block 13 if changed, or pro-