## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

770733

IGLESIA BAUTISTA HISPANA DE WESTLAND, INC.

Principal Place of Business Mailing Address						) COMPLETE TOWALL MOVER COMPLETE ATTACK	144 BIBIE BIBII DIVIL DI	it Bildit Aton (Ab)	
1550 W. 60TH S HIALEAH FL 33		1550 W. 60TH ST. HIALEAH FL 33012-6259							
						3. Date Incorporated or Qualified 10/13/1983	3a. Date of Les 04/17/	t Report 1996	
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number 59-2844712	FEI Number Applied For S9-2844712 Not Applied ber		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24			<del></del> -	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent	1			10. Name and Address of New Reg		P	
				B1 N	ame		<del></del>		
	ANDRES J. REV. 71ST PL.		82 Street Add		reet Addr	ress (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33016		83		<del></del>					
			1	84 C	ity		ama 85 Z	ip Code	
			1					•	
office or reagent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statut of Florida. Such change was a ations of, Section 617.0503, Flo	es, the ab authorized orida Statu	ove-na by the ites.	med corp corporati	oration submits this statement for the point ion's board of directors. I hereby accep	urpose of changin t the appointment	g Its registered as registered	
SIGNATURE _	Signature, typed or printed name of registered ag-						·····		
12.		eni ano titie ir applicable. (NOI ID DIRECTORS	13.	Ageni si	Inglure requin	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	OBS IN 12	
TOLE	PCD	DELETE		1.1 BTLE		ADDITIONS/OFFANGES TO OFFIC	Chang		
NAME	GARCIA, ANDRES J. REV		1	1.2 NAME				, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	2442 W. 71ST PL.			1.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL			Y-ST-211	į			•	
TITLE	SD	DELETE		2.1 TITLE			☐ Chang	ge Addition	
NAME	CHAVEZ, IRIS		2.2 NAA	2.2 NAME					
STREET ADDRESS	5705 W 20TH AVE #110		2.3 STREET ADD		RESS				
CITY-ST-ZIP	HIALEAH FL		2.4 CIT	2. 4 CITY - ST - ZIP			•		
THLE	TD	DELETE	9.1 TITE	9.1 TITLE			☐ Chang	e 🔲 Addition	
NAME	SALVADOR CHIONE		3.2 NAA	3.2 NAME					
STREET ADDRESS	2292 W. 74TH ST		3.3 STREET ADDR		ress				
CITY - S1 - ZIP	HIALEAH FL		3.4. CITY-ST-ZIP		Р				
TITLE		DELETE	4.1 TITL	4.1 TITLE			Chang	ge Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET ADD	ress				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		,				
TITLE		DELETE	5.1 TITE	5.1 TITLE			☐ Chang	e Addition	
NAME			5.2 NAM	AE					
STREET ADDRESS			5.3 STA	EET ADDI	RESS				
C(1Y+ST+Z)P			5.4 CITY	(-ST-ZIF	,				
TITLE		DELETE	6.1 TITL	£			Chang	e Addition	
NAME			6.2 NAN	AE					
STREET ADDRESS			6.3 STR	EET ADD	RESS				
CITY-ST-ZIP				( - ST - ZIF	l l				

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.

ELEM CANIDOES V GARCÍN 4/23-97

BIGHING OFFICER OR DIRECTOR

Davine Phon

**FILED** 

May 01 1997 8:00am

Secretary of State

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