FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # -770733 1. Corporation Name

IGLESIA BAUTISTA HISPANA DE WESTLAND, INC.

Prin	cipa	Pla	Ce	Of E	susine
1550	W.	60TI	1 \$	T.	
ΗΙΔΙ	FAH	FI	220	194	3259

Mailing Address

1550 W. 60TH ST. HIALEAH FL 33012-6259

FILED Apr 19, 1999 8:00 am Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3Date Incorporated or Qualifed 10/13/1983			
21	H	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For
Suite, Apt. #, etc.					59-2844712	 	Applicable
22	_	City & State			00 20111 12	\$8.75 AC	
City & Stat	0	28			5. Certificate of Status Desired	Fee Req	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 N	Aay Be
24	25	29 30	0		Trust Fund Contribution	Added to	Fees
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
GADCIA A	INDRES J. REV.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
2442 W. 7			02	Sliget Addi	uss (1:0. dax Hambor is 14517 tasepasso)		
	FL 33016		83				
HIALEAN I	FL-33010					10-1 7:- 0	
	•		84	City	. F	L 85 Zip C	ode
11 Durauant	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above	a-named corp	oration submits this statement for the purpose	of changing its r	egistered
office or r	enistered agent or both in the State of	if Florida. Such change was auth	ionzed DV	the corporation	on's board of directors. I hereby accept the app	ointment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes	•			
SIGNATURE		WOTE B	wistered Ages	d ciameture require	d when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ii signatura require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
	PCD	DELETE	1.1 TITLE			Change	Addition
TITLE			1.2 NAME				
NAME	GARCIA, ANDRES J. REV			ADDRESS	•		
STREET ADDRESS					•		j
CITY-ST-ZIP	HIALEAH FL	F) per ere	1.4 CITY-S	T-ZIP	·	☐ Change	Addition
TITLE	SD	☐ DELETE	2.1 TITLE			change	
NAME	CHAVEZ, IRIS		2.2 NAME				İ
STREET ADDRESS	5705 W 20TH AVE #110		2.3 STREE	ADDRESS	and the second of the second o		
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-5	T-ZIP			- Addition
TITLE	TD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	SALVADOR CHIONE		3.2 NAME				
STREET ADDRESS	2292 W. 74TH ST		3.3 STREE	T ADDRESS		•	-,
CITY-ST-ZIP	HIALEAH FL		3.4. CITY- 9	T-ZIP			
TITLE	*.	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS	,		4.3 STREE	TADORESS			
CITY-ST-ZIP	•		4.4 CITY-S	T-ZIP			
TITLE		☐ DELET E	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	1			}
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP		•	5.4 CITY-S	T-ZIP			
TITLE .		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME.	F + 1.6		6.2 NAME		•		1
STREET ADDRESS	4% 47 GW		6.3 STREE	T ADDRESS			j
			6.4 CITY-S	T-ZIP			
CITY-ST-ZIP	ł						

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, with all other like empowered.