2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 770733

1. Entity Name
IGLESIA BAUTISTA HISPANA DE WESTLAND, INC.

Principal Place of Business	Mailing Address
1550 W. 60TH ST. HIALEAH, FL 33012-6259	1550 W. 60TH ST. HIALEAH, FL 33012-6259

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07022004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-2844712	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ANGEL REV. JR
13730 SW 32 ST
MIAMI, FL 33175

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000167832
07/22/04-80011-004 70.00

10. OFFICERS AND DIRECTORS

TITLE	PCD	
NAME	LOPEZ, ANGEL JR, REV	
STREET ADDRESS	13730 SW 32 ST	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	SD	
NAME	OUEVEDO, ORLANDO G	
STREET ADDRESS	389 W 64 ST	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	TD	
NAME	GRANADA, SILVIO	
STREET ADDRESS	4800 NW 173 DR	
CITY-ST-ZIP	CAROL CITY, FL 33055	
TITLE	MD	
NAME	PEREZ, LILLY	
STREET ADDRESS	17617 SW 32 ST	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	DV	
NAME	GARCIA, ANDREZ REV	
STREET ADDRESS	2442 W 71ST PL	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Angel Lopez _____ 7/16/04 (305) 8229165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #