## FILE NOW: FILING FEE IS \$61.25

NCHPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CURPORATIONS

1999		DIV
DOCUMENT #	F980000032	34

IGLESIA BAUTISTA BETHEL DE PUERTO RICO, INC.

Principal Place of Business 6452 PEMBROKE ROAD MIRAMAR FL 33023

Mailing Address 6452 PEMBROKE ROAD

MIRAMAR FL 33023

FILED

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SUCRETARY OF STATE TALLAHASSEE, FLURIDA



F .	ace of Business 2a. Mailing Address		3. Date Incorporated or Qualifed			
21		26		06/09/1998		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		59-2651564	Not Applicable	
City & Stat	e	City & State		5. Certificate of Status Desired	\$8.75 Additional	
23		28			Fee Required	
Zıp	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 30	0	Trust Fund Contribution	Added to Fees	
L	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	\gent	
				CARMEN A KLEIDERLEIN		
( ) :== -: · · · · · · · · · · · · · · · · · ·			82 Street	reet Address (P.O. Box Number is Not Acceptable)		
	Broke road					
MIRAMAR	FL 33023		83 64	52 Penbroke Rd.		
Ī			84 City	City Miramar - FIA FL 85 Zip Code 33023		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508. Florida Statutes.	the above-named	corporation submits this statement for the purpose of o	changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	orized by the corpo	pration's board of directors. I hereby accept the appoin	tment as registered	
agentla		ons or, Section 617.0503, Florida	a Statutes.	E E and Who is all	<u>.</u> .	
SIGNATURE	CARNEW H.	KMI UPRKEY	O SUPE	2. FOREIGN MISSIONS 9-	24-99	
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIDECTORS IN 12	
TITLE	, <del></del>	DELETE		,		
1 1	DE DEVEO MARKIT DONES	C) DETELE		Supervisor Foreign Missi	TOWER CHANNEL	
NAME	DE REYES, MARILUZ DONES			Carmen A. Kleiderlein		
STREET ADDRESS	CARRETERA 958 KM 3.6		1.3 STREET ADORESS	5300 Washigton St. Bldg	y. O #130	
DTY-ST-ZIP	BARRIO CIENAGA ALTA RIO GE		1.4 CITY-ST-ZIP	Hollywood, FLA 33021		
TITLE	ጥ	[] DELETE	2.1 TITLE D		☐ Change ☐ Addition	
NAME	Martinez, Luz M		2.2 NAME	Carlos Reyes Cedres	Ì	
STREET ADDRESS	BOX 1366 CANOUANAS		2.3 STREET ADDRESS	P.O. Box. 1603		
	PUERTO RICO		2 4 CITY-ST-ZIP	Canovanas, P.R. 00729		
TITLE	T	☐ DELETE	3.1 TITLE TP	<u> </u>	☐ Change ☐ Addition	
NAME:	RODRIQUEZ, IRMA	i	32 NAME	   Martin   Martin	- i	
			33 STREET ADDRESS	Eliseo De Jesus		
CITY-ST-ZP	P.R. 00984			Calle Andalucia #123		
1	F.R. 90304	[] DELETE	3.4. CITY-ST-ZIP	Carolina, P.R. 00983 -	☐ Change ☐ Addition	
TITLE		C) DELETE	41TITLE D	Talla Dawas Damas	C 2-raige C 2-doisoil	
NAME			4. 2 NAME	Idsia Reyes Dones		
STREET ADDRESS			4.3 STREET ADDRESS	Carr. 958 Km. 3.6 Ciena		
CITY-SI-ZiP			4.4 CITY-ST-ZIP	Bo. Malpica, Rio Grande		
THILE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME		j	52 NAME	*		
STREET ADDRESS			53 STREET ADDRESS		İ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	6000030609 -12/06/9301	926 <b>pe</b> 1	
TITLE		[] DELETE	6.1 TITLE	-12/06/9301	Addition	
NAME			6.2 NAME		*****61.25	
STREET ADDRESS			6.3 STREET ADDRESS			
DITY-ST-ZIP			6.4 CITY-ST-ZIP			
C111-31-21F						

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, with all other like empowered.

SIGNATURE:

9-24-99