

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90012 047 ****61.25

DOCUMENT # N00000006111

1. Entity Name

IGLESIA BAUTISTA NUEVA ESPERANZA DE KENDALL, INC.



Principal Place of Business

12313 SW 112 ST.
MIAMI FL 33186

Mailing Address

12313 SW 112 ST.
MIAMI FL 33186

4000000000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1039016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AREAS, LUVIN
15700 SW 100TH AVE
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | DDC | <input checked="" type="checkbox"/> Delete |
| NAME | ALMANZAR, JOSE L SR | |
| STREET ADDRESS | 13381 SW 112 LANE | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | DCT | <input type="checkbox"/> Delete |
| NAME | HORTENSI, MARIA I | |
| STREET ADDRESS | 14756 SW 74 LANE | |
| CITY-ST-ZIP | MAIAMI FL 33193 | |
| TITLE | DD | <input type="checkbox"/> Delete |
| NAME | AREAS, LUVIN | |
| STREET ADDRESS | 15700 SW 100TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAUERLE, GEORGE | |
| STREET ADDRESS | 13411 S.W. 108 ST. | |
| CITY-ST-ZIP | MIAMI - FL. 33186 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SEVILLA, THOMAS F | |
| STREET ADDRESS | 1051 S.W. 117 CT. | |
| CITY-ST-ZIP | MIAMI-FL. 33184 | |
| TITLE | D/V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN, SERGIO | |
| STREET ADDRESS | 12780 S.W. 53 ST. | |
| CITY-ST-ZIP | MIAMI - FL. 33175 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *J. Areas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/05 (305)273-7129

Date

Daytime Phone #