2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N02000003548 01-27-2005 90052 021 ****61.25 IGLESIA BAUTISTA EMANUEL. INC. Principal Place of Business Mailing Address P.O. BOX 5117 301 M.L. KING BLVD 20001100 POMPANO BEACH, FL 33060 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. 01132005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 03-0452555 Applied For Not Applicable Žio Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACEVEDO, MYNOR Street Address (P.O. Box Number is Not Acceptable) 7873 MANOR FOREST LN BOYNTON BEACH, FL 33436 City 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 🐬 Added to Fe 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE Delete ☐ Change ■ Addition ACEVEDO, MYNOR MAME NAME STREET ADDRESS 7873 MANOR FOREST LN STREET ADDRESS BOYNTON BCH, FL 33436 CITY-ST-ZPP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE Addition LEON, MARINA NAME 605 S STE ROAD STREET ADDRESS STREET ADDRESS MARGATE, FL 33068 CITY-ST-ZIP CITY-ST-ZIP **Change** Delete Addition DIANA CISNEROS 1321 NE 42 CT CESNEON, ICANA NAME NAME STREET ADDRESS 1321 NE 42 CT STREET ADDRESS CITY-ST-7IP POMPANO BCH, FL 33060 CITY-ST-7IP POMPANO BEACH, FL. 73060 TITLE ☐ Delete TITLE ☐ Addition CISNEROS DIANA NAME NAME 1321 NE 40 CT STREET ADDRESS STREET ADDRESS DOMPANO DEACH, Fl. 33060 CITY-ST-ZIP CTTY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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 confusee ampowered 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 attachi SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 27, 2005 8:00 am

Daytime Phone #