

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
1995 APR 25 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N11566** (9)

1. Corporation Name

**IGLESIA BAUTISTA DE SEBRING, INC.**

Principal Place of Business

Mailing Address

3704 VALERIE BLVD.  
SEBRING FL 33870

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SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1985** 3a. Date of Last Report **11/23/1994**

4. FEI Number **59-2590660** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALENTIN, JOSEPH A  
2323 SPARROW AVENUE  
SEBRING FL 33872

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, RAMON</b>	1.2 NAME	
STREET ADDRESS	<b>3812 ALMERIA AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBRING FL 33870</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTIERREZ, ISABEL</b>	2.2 NAME	
STREET ADDRESS	<b>1408 RAINBOW AVENUE</b>	2.3 STREET ADDRESS	<b>500001487255</b>
CITY - ST - ZIP	<b>SEBRING FL 33872</b>	2.4 CITY - ST - ZIP	<b>-04/27/95--01101--018</b>
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, PETER</b>	3.2 NAME	
STREET ADDRESS	<b>17 N. MARYLAND AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AVON PARK FL 33825</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>2/18</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4-25</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE:

*Peter Sanchez*  
Peter Sanchez

1-10-95

(813) 452-0748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number