

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11566** (9)

1. Corporation Name:  
**IGLESIA BAUTISTA DE SEBRING, INC.**



Principal Place of Business: **3704 VALERIE BLVD. SEBRING FL 33870**  
Mailing Address: **3704 VALERIE BLVD SEBRING FL 33870**

2 Principal Place of Business: 2a Mailing Address  
21 Suite, Apt. #, etc.: 26 Suite, Apt. #, etc.:  
22 City & State: 27 City & State:  
23 Zip: 28 Zip: 24 Country: 29 Country: 30

3. Date Incorporated or Qualified: **10/14/1985** 3a Date of Last Report: **04/25/1995**  
4. FEI Number: **59-2590660** Applied For: Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**VALENTIN, JOSEPH A  
2323 SPARROW AVENUE  
SEBRING FL 33872**

10. Name and Address of New Registered Agent  
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 617.0502 and 617.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report as Director or officer of the corporation

Signature of the person authorized to sign this report as registered agent

Date

12 OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, RAMON	
STREET ADDRESS	3812 ALMERIA AVENUE	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, ISABEL	
STREET ADDRESS	1408 RAINBOW AVENUE	
CITY- ST- ZIP	SEBRING FL 33872	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, PETER	
STREET ADDRESS	17 N. MARYLAND AVENUE	
CITY- ST- ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS TO INCLUDE:

11 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CARMEN G. VALENTIN	
13 STREET ADDRESS	2323 SPARROW AVE	
14 CITY- ST- ZIP	SEBRING FL 33872	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MALDONADO, LUCY	
23 STREET ADDRESS	724 TRIUMPH AVE	
24 CITY- ST- ZIP	SEBRING FL 33870	
31 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RODRIGUEZ, RAMON	
33 STREET ADDRESS	3812 ALMERIA AVE.	
34 CITY- ST- ZIP	SEBRING FL 33870	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

**GOODWIN BUSINESS**  
-03/18/96- 01027-012  
\*\*\*61.25

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: *Joseph A. Valentín*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 1996 941-386-1827  
Date Date/Time

CR2E037 (12/95)