FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N11566

IGLESIA BAUTISTA DE SEBRING, INC.

Princi	ipal	Place	of	Busine
2704	WAL	CDIE	DI I	/D

2. Principal Place of Business

SEBRING FL 33870

21

Mailing Address

3704 VALERIE BLVD. SEBRING FL 33870

2a. Mailing Address

26

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90039 015 ****61.25



Applied For

3. Date Incorporated or Qualifed

<u>10/14/198</u>5

Suite, Apt.	#, 0 1C.	Suite, A	чрі. #, еіс.				1	4. I CI NUMBOO			174	71100 1 01	
2		27				_59-2590660		=======================================	Not	Applicable			
City & State	9	City & State				5. Certifcate of Status De	sired		\$8.75 A Fee Red				
Zip	Country	Zip		Country				6. Election Campaign Fir	ancing		\$5.00	Mav Be	
4	25	29	[3	30				Trust Fund Contribution	_		Added to	•	
<u></u>	9. Name and Address of Current I	<u> </u>	gent					10. Name and Address of	f New R	egistered .	Agent		
		·			81	Name							
RAMOS, SIXTO 1511 FALCON AVE SEBRING FL 33870				-	82 Street Address (P.O. Box Number is Not Acceptable)								
					83								
SEDRING	FE 33070			-	24	014					es Zin C	ode	
				- 1	84	FL							
11. Pursuant	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of	and 617.1508	Florida Statutes	s, the at	ove-	named o	corpora	tion submits this statemen	t for the p	ourpose of the appoir	changing its i	registered iistered	
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section	1 617.0503, Florid	da Statu	ites.	ne corpo	nation s	DOGIC OF UNCOLDED S. THOIS.	, accep	о црро		,	
SIGNATURE													
	Signature, typed or printed name of registered agent a				Agent	signature re	equired wh	en reinstating)	TO 055	DATE	D DIDECTO	DC IN 42	
12.	OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHANGES	10 01	ICERS AN	☐ Change	Addition	
TITLE	TD		DELETE	1.1 117			ST	CEL THE COLOR OF THE	: A		Change	Addition	
NAME	SANCHEZ, PETER			1.2 NA		- 1	VAL	ENTIN, JOSEPH	· ** -				
STREET ADDRESS	17 N MARYLAND AVE			1.3 ST	REET				272				
CITY-ST-ZIP	AVON PARK FL 33825			1.4 CIT		ZIP	Seg	RING, FL 33	0012			☐ Addition	
TITLE	D		☐ DELETE	2.1 TIT	LE						☐ Change		
NAME	GONZALEZ, PEDRO			2.2 NA	ME								
STREET ADDRESS				2.3 ST	REET	ADDRESS							
CITY-ST-ZIP	SEBRING FL			2.4 CF		-ZIP				-	Mari o L	- Addition	
TITLE	TD		☐ DELETE	3.1 TIT	LE		D				Change	Addition	
NAME	RODRIGUEZ, RAMON			3.2 NA		\ 	RODI	RIEUEZ RAMOI 2 ALMERIA A				ļ	
STREET ADDRESS	3812 ALMERIA AVE.			3.3 ST	REET.	ADDRES\$	381	2 ALMERIA A	VE -				
CITY-ST-ZIP	SEBRING FL 33870			3.4. CI		-ZIP	SEB	RING, Fl 33	<i>8 1</i> 0				
TITLE			☐ DELETE	4.1 TIT	LΕ						Change	☐ Addition	
NAME				4.2 N	AME								
STREET ADDRESS				4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			. .	4.4 CIT	Y-ST	-ZIP							
TITLE			☐ DELETE	5.1 TIT							Change	☐ Addition	
NAME				5.2 NA	ME							ļ	
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				5.4 CII		-ZIP					— •		
TITLE			☐ DELETE	6.1 TIT	LE						Change	☐ Addition	
NAME				6.2 NA	ME	Į						ļ	
STREET ADDRESS				6.3 ST	REET	ADDRESS							
CITY-ST-ZIP				6.4 CIT									
14. I hereby o	certify that the information supplied with	this filing doe	s not qualify for	the exer	mptic	n stated	in Sec	tion 119.07(3)(i), Florida S	tatutes.	further cer	tify that the in	nformation	

inside on this annual report of supplemental annual report is true and accurate and that my signature shall have the same regal effect as it made under oam; that I am all 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 impowered.

SIGNATURE:

941-386-5351