2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2004 08:00 AM DOCUMENT # N15021 **Secretary of State** 1. Entity Name IGLESIA BAUTISTA DE NORTH MIAMI, INC. Mailing Address Principal Place of Business 15395 NORTH MIAMI AVE 15395 NORTH MIAMI AVE MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0138009 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREDA, JOSE I. Street Address (P.O. Box Number is Not Acceptable) 46 NE 171 TERR NO MIAMI BCH FL 33162 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, hyped or printed name of registered agent and fille if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE PEREDA, JOSE I NAME NAME U00000075621 03/03/04-80067-015 70.00 46 NE 171 TERR STREET ADDRESS STREET ADDRESS NO MIAMI BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition T173 F CHAVEZ, JORGE NAME NAME 1811 NW 135TH ST STREET ADDRESS STREET ADDRESS N. MIAMI FL 33167 CITY-ST-ZIP CTTY - ST - ZIP ☐ Delete MLE Change Addition PEREDA, JOSE S. MAZE NAME 200 E. 63RD ST. STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-21P TITEF ☐ Change Addition TITLE ☐ Delete SIERRA, GERARDO NAME NAME 1941 NE 158 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete RITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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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 ke empowered.

SIGNATURE: