

FILE NOW: FILING FEE IS \$6. 5

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Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N 16629*  
1. Corporation Name *Templo Biblico de Miami*  
*Miami Bible Temple*

Principal Place of Business *7120 SW 30th St.*  
*Miami, FL 33155*  
Mailing Address *2520 SW 22nd St*  
*Miami, FL 33145*

3. Date Incorporated or Qualified *9/4/86*  
4. FEI Number ☒ Applied For  
☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State <i>Same as above</i>	27 City & State <i>Same as above</i>
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
*ALBERTO RODRIGUEZ*  
*925 SW 94th St*  
*Miami, FL 33174*

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code *FL*

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-installing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <i>D</i>	NAME <i>Pastor</i>	<input type="checkbox"/> DELETE
NAME <i>Michael Rodriguez</i>		
STREET ADDRESS <i>1090 S.W. 78th PL</i>		
CITY-ST-ZIP <i>Miami, FL 33144</i>		
TITLE <i>T</i>	NAME <i>Ernesto del Sol (Elder)</i>	<input type="checkbox"/> DELETE
NAME <i>Ernesto del Sol</i>		
STREET ADDRESS <i>5541 S.W. 136th</i>		
CITY-ST-ZIP <i>Miami, FL 33175</i>		
TITLE <i>T</i>	NAME <i>Abraham Castro (Elder)</i>	<input type="checkbox"/> DELETE
NAME <i>Abraham Castro</i>		
STREET ADDRESS <i>14911 S.W. 80th St #202</i>		
CITY-ST-ZIP <i>Miami, FL 33193</i>		
TITLE <i>T</i>	NAME <i>Jorge Pena (Elder)</i>	<input type="checkbox"/> DELETE
NAME <i>Jorge Pena</i>		
STREET ADDRESS <i>1431 S.W. 125th</i>		
CITY-ST-ZIP <i>Miami, FL 33184</i>		
TITLE <i>T</i>	NAME <i>Alberto Rodriguez (Secretary)</i>	<input type="checkbox"/> DELETE
NAME <i>Alberto Rodriguez</i>		
STREET ADDRESS <i>925 SW 94th St</i>		
CITY-ST-ZIP <i>Miami, FL 33174</i>		
TITLE <i>T</i>	NAME <i>Rail Sheran (Treasurer)</i>	<input type="checkbox"/> DELETE
NAME <i>Rail Sheran</i>		
STREET ADDRESS <i>4342 SW 97th Ave</i>		
CITY-ST-ZIP <i>Miami, FL 33165</i>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. 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 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: *Michael Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR  
Date *2-2-98* (305)266-4673 Daytime Phone #

CR2E037 (1097)