

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/95: \$165 (IF INTERESTED, NUMBER ACCOUNT DUE TO REINSTATE: \$25)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19859 (0)
1. Corporation Name
IGLESIA BAUTISTA JESUS SALVA, INCORPORATED

Principal Place of Business Mailing Address
5801 N. CHURCH AVE. 5801 N. CHURCH AVE.
PO BOX 152948 PO BOX 152948
TAMPA FL 33684-9346 TAMPA FL 33684-9346

DO NOT WRITE IN THIS SPACE

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 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
03/27/1987 02/17/1994
4. FEI Number Applied For
59-2842484 Not Applicable
5. Certificate of Status Desired \$0.75 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 FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VOWELS, MARK C.
7507 N. BLOSSOM AVENUE
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name Diequez, Alfonso
82 Street Address (P.O. Box Number is Not Acceptable) 5805 N. Blossom Ave.
83
84 City Tampa FL 85 Zip Code 33614

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 *Alfonso Diequez* Alfonso Diequez PSD 6/25/95
Signature of officer or director of corporation (print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MARTIN, VALCARCEL
STREET ADDRESS	4001 W. HENRY AVE.
CITY - ST - ZIP	TAMPA FL 33614
TITLE	VD
NAME	DIEQUEZ, ALFONSO
STREET ADDRESS	5805 N. BLOSSOM AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	GAMBOA, RIGOBERTO
STREET ADDRESS	3017 W. OSBORNE AVE.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diequez, Alfonso	
1.3 STREET ADDRESS	5805 N. Blossom Ave.	
1.4 CITY - ST - ZIP	Tampa, FL 33614	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gamboa, Rigoberto	
2.3 STREET ADDRESS	6002 W. Knox St.	
2.4 CITY - ST - ZIP	Tampa, FL 33634	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dygre de Estrada, Walter	
3.3 STREET ADDRESS	5820 N. Church Ave. #407	
3.4 CITY - ST - ZIP	Tampa, FL 33614	
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		

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(9)(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: *Alfonso Diequez* Alfonso Diequez 6/25/95 813/886-6727
Signature and Typed or Printed Name of Signing Officer or Director Date (Day, Month, Year)