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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N19859 (0)

1. Corporation Name

IGLESIA BAUTISTA JESUS SALVA, INCORPORATED

Principal Place of Business

6205 N Himes Ave
5801 N CHURCH AVE.
PO BOX 152346
TAMPA FL 33614-0046 33614

Mailing Address

5801 N CHURCH AVE.
PO BOX 152346
TAMPA FL 33684-2346



3. Date Incorporated or Qualified
03/27/1987

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 6205 N Himes Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 152346
Suite, Apt. #, etc.

4. FEI Number

59-2842484

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

City & State

23 Tampa FL

City & State

28 Tampa, FL

Zip

24 33614

Country

Zip

29 33684-2346

Country

30

9. Name and Address of Current Registered Agent

DIEGUEZ, ALFONSO
5805 N BLOSSOM AVE
TAMPA FL 33614

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

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE
NAME DIEGUEZ, ALFONSO
STREET ADDRESS 5805 N BLOSSOM AVE
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE
NAME DUQUE DE STRADA, WALTER
STREET ADDRESS 5820 N CHURCH AVE 407
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME GAMBOA, RIGOBERTO
STREET ADDRESS 6002 W KNOX ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Walter Duque de Strada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97
Date

813 884-1138
Daytime Phone # MM9312

CR2E037 (9/96)