

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21912 (3)**  
 1. Corporation Name  
**IGLESIA BAUTISTA FUNDAMENTAL HISPANA, INC.**



Principal Place of Business <b>6950 ROYAL PALM BLVD.          MARGATE FL 33063</b>	Mailing Address <b>6950 ROYAL PALM BLVD.          MARGATE FL 33063-2004</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	3. Date Incorporated or Qualified <b>08/06/1987</b>	3a. Date of Last Report <b>07/16/1996</b>	4. FEI Number <b>65-0028991</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**VALDEZ, RENE**  
**6382 NW 14 CT**  
**MARGATE FL 33063**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DTP</b> <input type="checkbox"/> DELETE
NAME	<b>VALDEZ, RENE</b>
STREET ADDRESS	<b>6382 N.W. 14TH CT.</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ARNULFO, ALONZO</b>
STREET ADDRESS	<b>732 SW 73 AVE.</b>
CITY-ST-ZIP	<b>N. LAUDERDALE FL 33068</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NICOLAS, OSTAPCHUCK</b>
STREET ADDRESS	<b>287 SUNSHINE DR.</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>GOGUE, WILFRIDO</b>
STREET ADDRESS	<b>6150 SW 3RD ST.</b>
CITY-ST-ZIP	<b>MARGATE FL 33068</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

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: *Rene Valdez* **08/06/87** **9621 S.W. 8200**

CR2E037 (9/96)