Apr 23, 2003 8:00 am § Secretary of State

04-23-2003 90238 025 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21912

1. Entity Name

IGLESIA BAUTIST <i>a</i>	i Fun	IDAMENTAL	. HISPANA,	INC
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Principal Place of Business Mailing Address

6950 ROYAL PALM BLVD. MARGATE FL 33063			243 SUNSHINE DR COCONUT CREEK FL 33066 US			81 (1818				
2. Principal F	Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State City & State					4. FEI Number 65	4. FEI Number 65-0028991 Applied For Not Applicable				
Zip		Country	Zip	Zip Cour		5. Certificate of Sta	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
-					Name	-	.	i		
	A, FERNAN	DO .			Street Address (P.O. Box Number is Not Acceptable)					
	SHINE DR	1 22000			<u> </u>					
COCONO	IT CREEK F	-L 33000								
		•			City		FL	Zip Cod	e	
	tions of regist	,				egistered agent, or both, in t	DATE	arimai witi,	and accept	
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	o Agent signature	radnise wier iaustand)	DATE			
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri						\$5.00 May Be Added to Fees	Make Check Florida Depart			
10.		OFFICERS AND DI	RECTORS	11.	.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10	
TITLE ,	T Delete HERRERA, FERNANDO			E			☐ Change	☐ Addition		
NAME 1			NAM	E]		
STREET ADDRESS	243 SUNS			•	ET ADDRESS					
CITY-ST-ZIP		CREEK FL 33066			-ST-ZIP					
TITLE NAME	D	OSTAPCHUCK	Delet	e TITL			☐ Change		☐ Addition	
STREET ADDRESS	267 SUNS				ET ADDRESS					
CITY-ST-ZIP	ſ	CREEK FL			-ST-ZIP					
TITLE	D		Deléti	e == == == = iiiiu			7 A.S.	Change:	Addition	
NAME	LOPEZ, C			NAM	E .]				J	
STREET ADDRESS		21 STREET			ET ADDRESS					
CITY-ST-ZIP	POMPANO	BEACH FL 33068			-ST-ZIP					
TITLE NAME			☐ Delet	e TITLI NAM				☐ Change	☐ Addition	
STREET ADDRESS	ĺ				ET ADDRESS				ĺ	
CITY-ST-ZIP	l I				-ST-ZIP				}	
TITLE			☐ Deleti	e TITLI	E			☐ Change	Addition	
NAME				NAM	Ε [_	[
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					

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 like empowered.

SIGNATURE: