## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

**/**5\

1. Corporation Name											
IGLESIA EVANGELICA BAUTISTA, INCORPORATED											
10,000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01111120				T ARREST AL BURNET AL BURNET AND A STATE OF	HANDA BURAN BU		MANA BANKAN MANA
Principal Place of Business				Mailing Address					ALI 81616 81816 81	)#11 <b>01011 100</b> 1	
800 N.W. 40 AVE. 800 N.W. 40 AVE.								3. Date Incorporated or Qualified			<del></del>
GAINESVILLE F			GAINES	GAINESVILLE FL 32805			03/01/1988				
								4. FEI Number		TAI	pplied For
								NOT APPLICABLE		<del> </del>	ot Applicable
2. Principal P	lace of Busin	ness	<b>2a.</b> Ma	2a. Mailing Address			5. Certificate of Status Desired		\$8.75	Additional	
21		,	26						Fee Ro	equired	
Suite, Apt.	#, etc.		<del></del>	Suite, Apt. #, etc.			6. Election Campaign Financing	_	\$5.00 (		
City & State			27 Cits	City & State			Trust Fund Contribution		Added to		
23	0		·	28			7. Is this nonprofit corporation a homeowners association?				
Zip Country				Zip Cou				This corporation owes or has paid the current year Intangible			
24	25		29	— ·   —		¬ '		Personal Property Tax due June 30.  Yes No			
Name and Address of Current Registered Agent								10. Name and Address of New R		Agent	-
					81	Nam	е				
Mesa, aldo rev.				82	82 Street Address (P.O. Box Number is Not Acceptable)						
800 NW 40 AVE.						<u> </u>		•			
Gainesville Fl 32605					83	H					
					84	City				85 Zip (	Code
44 B						l	-,		FL		
office or re	to the provisi egistered ag	ent, or both, in the St	ate of Florida. S	iuch change was	tes, the abov authorized b	e-name y the co	o corpo orporatio	pration submits this statement for the on's board of directors. I hereby acce	purpose o pt the ap	it changing it pointment as	s registered registered
agent. I a	m familiar wi	th, and accept the ob	oligations of, Sec	ction 617.0503, FI	orida Statute	S.		·			•
SIGNATURE _	Signature, typed	or printed name of registered	agent and tille if app	licable. (NO)	FE: Registered Ag	ent slonati	re reculred	d when reinstating)	DATE		
12.			AND DIRECTOR					ADDITIONS/CHANGES TO OFFI		D DIRECTOR	S IN 12
TITLE	D			DELETE	1.1 TITLE					Change	Addition
NAME	MESA, A				1.2 NAME						
STREET ADDRESS				1			3				
CITY-ST-ZIP	GAINES	VILLE FL 32605			1.4 CITY-1	ST-ZIP				_	
TITLE	T	NO 14070D 14		DELETË	2.1 TITLE		1			Change	Addition
NAME		DO, VICTOR M		22							
STREET ADDRESS	AANIENINAE PI						ì				
CITY-ST-ZIP TITLE	T	VILLE PL		DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	+			Change	Addition
NAME	COLON	JONATHAN		( beern:	3.2 NAME					Onange	L Addition
STREET ADDRESS		W. 34TH PLA		•	3.3 STREET	r ADORESS					
CITY-ST-ZIP		VILLE FL 32606			3.4. CITY-						
TITLE				DELETE	4.1 TITLE	<u>, , , , , , , , , , , , , , , , , , , </u>	1			Change	☐ Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	ADDRESS	;				
CITY-ST-ZIP					4.4 CITY - S	ST- 21P					
TITLE				☐ DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME		1				
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY-ST-ZIP					5.4 CITY- 8	ST-ZIP					
TITLE				☐ DELETÉ	6.1 TITLE					☐ Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS	- [				

CITY-ST-ZIP

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 open attachment with an address.

**FILED** 

Feb 05 1998 8:00am

Secretary of State