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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29666** (7)

1. Corporation Name

IGLESIA BAUTISTA REDENCION, INC.

Principal Place of Business

Mailing Address

5859 S.W. 16TH STREET
MIAMI FL 33155-2104

5859 S.W. 16TH STREET
MIAMI FL 33155-2104



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/12/1988

4. FEI Number

65-0114902

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

DIAZ, TOMAS REV.
5122 S.W. 5TH TERRACE
MIAMI FL 33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DIAZ, TOMAS REV.
STREET ADDRESS 5122 S.W. 5TH TERRACE
CITY-ST-ZIP MIAMI FL 33134

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

TITLE VD
NAME CONSUEGRA, HECTOR
STREET ADDRESS 2525 S.W. 24TH COURT
CITY-ST-ZIP MIAMI FL 33145

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

TITLE TD
NAME SABINA, OSVALDO
STREET ADDRESS 10200 S.W. 19TH STREET
CITY-ST-ZIP MIAMI FL 33165

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

TITLE VT
NAME TOIRAC, ONTONIEL
STREET ADDRESS 1201 S.W. 22ND COURT
CITY-ST-ZIP MIAMI FL 33165

4.1 TITLE VT
4.2 NAME CAIRO, RIGOBERTO
4.3 STREET ADDRESS 1045 S.W. 12TH COURT
4.4 CITY-ST-ZIP MIAMI, FLORIDA 33135

TITLE SD
NAME AREVALO, NELISA
STREET ADDRESS 11125 S.W. 56TH STREET
CITY-ST-ZIP MIAMI FL 33165

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

TITLE AS
NAME GUIARDINU, ELIAS
STREET ADDRESS 8615 N.W. 8TH STREET, #214
CITY-ST-ZIP MIAMI FL 33172

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE:

[Signature]

1/15/98 (205) 267-6700

CP2E037 (10/97)