

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31124** (3)

1. Corporation Name

BIBLE CHURCH OF HIALEAH, INC.



Principal Place of Business

Mailing Address

1030 E. 8TH AVE.
HIALEAH FL 33010
US

1820 W 53 RD ST
APT #304
HIALEAH FL 33016
US

3. Date Incorporated or Qualified
03/10/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number
65-0122936

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAST, ALVIN
1820 W 53 RD ST
APT #304
HIALEAH FL 33012

81 Name
GARCIA, ISRAEL
82 Street Address (P.O. Box Number is Not Acceptable)
7215 S.W. 39th St.
83 **Miami**
84 City
FL 85 Zip Code
33155

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 **MR. ISRAEL GARCIA (PRESIDENT)**

01/31/96

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	<input type="checkbox"/> DELETE
NAME	FAST, ALVIN	
STREET ADDRESS	1820 W 53 RD ST #304	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ORTIZ, MARIA	
STREET ADDRESS	1965 W 54 ST #C-04	
CITY - ST - ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JIMENEZ, RUTH	
STREET ADDRESS	19715 NW 49 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PINEIRO, JULIAN	
STREET ADDRESS	2850 E 5TH AVE ST	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAULT, ELADIA	
STREET ADDRESS	2178 W 60 ST APT #18104	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMOS, NORBERTO	
STREET ADDRESS	4360 NW 194 ST	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Israel Garcia	
1.3 STREET ADDRESS	7215 S.W. 33th.St.	
1.4 CITY - ST - ZIP	Miami 33155	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALVIN FAST	
2.3 STREET ADDRESS	1820 W. 53rd St # 304	
2.4 CITY - ST - ZIP	Hialeah, FL 33012	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUTH JIMINEZ	
3.3 STREET ADDRESS	19780 S.W. 206 St.	
3.4 CITY - ST - ZIP	Miami, FL 33187	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Julian Pineiro	
4.3 STREET ADDRESS	2850 E. 5th Ave.St	
4.4 CITY - ST - ZIP	Hialeah, FL 33010	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eladia Gault	
5.3 STREET ADDRESS	2178 W. 60th St. Apt.18104	
5.4 CITY - ST - ZIP	Hialeah, FL 33016	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Norberto Ramos	
6.3 STREET ADDRESS	3907 N.W. 199 St.	
6.4 CITY - ST - ZIP	Carol City, FL 33055	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Rev. Israel Garcia**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 266-4956
Date Daytime Phone #

CR2E037 (12/95)