FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N39298

1. Corporation Name

NORTH PALM SPANISH BAPTIST CHURCH, INC.



04-29-1999 90219 026 ****70.00

								t contract to the contract to				
Principal Place of Business Mailing Address							Ì					
444 W. 43 PLACE HIALEAH FL 33012			444 W. 43 PLACE HIALEAH FL 33012									
										,		
2. Principal Place of Business			2a. Mailing Address					3. Date Incorporated or Qualifed 07/18/1990				
21			26					4. FEI Number Applied For				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0211359	_		Applicable	
22			City & State						\ \ \	\$8.75 Ac		
City & State			City & State				-	5. Certifcate of Status Desired	X	Fee Req		
Zip	Country	1	Zip	Cou	intry			6. Election Campaign Financing	П	\$5.00 N	/lay Be	
24	25	, , , , , , , , , , , , , , , , , , ,						Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Regi	stered Agent				1	0. Name and Address of New I	Registere	d Agent		
					81	Name					İ	
JORDAN,	PEDRO		4			Street	Address	Address (P.O. Box Number is Not Acceptable)				
159 W 29 ST #1								<u> </u>		<u></u> .		
HIALEAH	FL 33010				83					85 Zip C		
	•				84	City			F	LII		
11. Pursuant office or a agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	and of Flori	617,1508, Fiorida Statut ida: Such change was a f, Section 617.0503, Flo	es, the a uthorized rida Stat	bove by utes	named the corpo	corpora poration's	tion submits this statement for the board of directors. I hereby acce	purpose of the app	of changing its r ointment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable (NOTE	: Registered	Agen	t signatur a r	required wh	en reinstating)	DATE	 		
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OF	FICERS A	AND DIRECTOR	RS IN 12	
TITLE	D	D 1110	☐ DELETE		1,1 TITLE		T			Change	☐ Addition	
NAME	ACOSTA, RAUL		1.2 N	1.2 NAME								
STREET ADORESS					1.3 STREET ADDRESS			•		•	•	
	IIALEAH FL			14 C	1.4 CITY-ST-ZIP					•		
CITY-ST-ZIP TITLE	D	☐ DELETE			2.1 TITLE					Change	Addition	
NAME	GRANADA, SILVIO				2.2 NAME					,		
	4800 NW 173RD DR					ADDRESS						
STREET ADDRESS	1					T-ZIP	1				_	
CTY-ST-ZIP	CAROL CITY_FL		DELETE	3.1 T		<u></u>	† ⁻			☐ Change	Addition	
TITLE	-				3.2 NAME					_ •	•	
NAME	ROMERO, NICOLAS					ADDRESS						
STREET ADDRESS	3885 W 8TH WAY				NTY-S		']				:	
CITY-ST-ZIP	HIALEAH FL		☐ DELETE			1-LIF	 			Change	Addition	
TITLE	D PEDEZ N PEDZO				4.1 TITLE 4. 2 NAME						_	
NAME	PEREZ, ALBERTO				-	ADDRESS	17/	17 <i>\$</i> £03⊃ST		•		
STREET ADDRESS	19865-NW-87TH-CT-						1	175W32ST ramar FL 33029		~		
CITY-ST-ZIP	HIALEAH FL		☐ DELETE		ΠY-5	i∙ <i>∆</i> P	\ <u>''''</u>	4,44 10 400		Change	Addition	
TITLE	DP		T DETE 15	5.1 T 5.2 N								
NAME	LOPEZ, ANGEL					LADDOESS	,				.*	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					TADDRESS	'				•	
CITY-ST-ZIP	MIAMI FL				TY-S	1-4P				☐ Change	☐ Addition	
TITLE	SD .		DELETE	6.1 T			1	;		□ outside		
MANE	DUDAN TITO			6.2 N	AME		1					

14. I hereby certify that the information supplied with this filing does not truelify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is tractal 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 employeed 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 application, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DURAN, TITO

HIALEAH FL 33013

30 E 39 ST

REQUIRED ING OFFICER OR DIRECTOR