FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N40919

(5)

INDEPENDENT CHRISTIAN CHURCH OF THE HISPANIC COMMUNITY, INC.

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

Mailing Address

RT 4. BOX 216 CHIPLEY FL 32428

21

RT 4. BOX 216 CHIPLEY FL 32428-9377

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Feb 11 1997 8:00am Secretary of State

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2/4/97

3a. Date of Last Report 02/22/1996

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 11/01/1990

5. Certificate of Status Desired

4. FEI Number 59-3046676

<u> </u>		121)	21}			Too Hodard			
City & State		City & Stat	 			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	├ ┐	├ ──	├ ─	Country					. 199,032,
24	25	29							
	9, Name and Address of C	urrent Hegistered Agen	<u> </u>	91	Nome	10. Name and Address of New Re	JIStered A	gent	
145541441	NPE BALHLIAA			8'	Name				
	Country 28								
RT 4, BO				93					
CHIPLET,	FL 32428			00					
				84	City		FL	85 Zip (Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such chooligations of Section 6	ange was author 17.0503, Florida	rized by Statutes	the corpora	ation's board of directors. I hereby accep	urpose of tithe appo	changing its pintment as	s registered registered
12.					nt signature rede		FRS AND	DIBECTOR	S IN 12
TITLE	D					7.22.110.10,011.110.20.10 07.110			
NAME	HERNANDEZ, DOMINGO		1	,2 NAME	1				_
STREET ADDRESS			1	.3 STREET	ADDRESS				
CITY-ST-ZIP	CHIPLEY FL		1	 LA CITY-S	T-ZIP				
TITLE	D							Change	Addition
NAME	HERNANDEZ, HAYDEE		2	.2 NAME					
STREET ADDRESS	RT 4, BOX 216		2	3 STREET	ADDRESS				
CITY-ST-ZIP	CHIPLEY FL			4 CITY-5	ST-ZIP				
TITLE	D		DELETE 3	1.1 TITLE			,	Change	☐ Addition
NAME		AEZ	3	J.2 NAME					
STREET ADDRESS			3	.3 STREET	ADDRESS				
CITY-ST-ZIP	CHIPLEY FL				ST-ZIP				
TITLE		Ц	DELETE	1.1 TITLE				Change	L_ Addition
NAME			1						
STREET ADDRESS	' 		4	.3 STREET	ADDRESS				
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NAME									
STREET ADDRESS	 				1				
CITY-ST-ZIP					T-ZIP			Change	T Addition
NAME			1 1				!	- numba	L. ROSIRON
,					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	ov certify that the information su	ipplied with this filing doe	s not qualify for	the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	3. 1 further	certify that	the
Informatio	n indicated on this annual repo	rt or supplemental annuation or the receiver or trus	al report is true au stee empowered	nd accu to exec	irate and the	at my signature shall have the same lega	effect as	if made und	der oath: that