

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 # **N43794** (9)
1. Corporation Name
FIRST SPANISH CHURCH OF THE OPEN BIBLE, INC.



Principal Place of Business Mailing Address
490 EAST 50TH STREET
HIALEAH FL 33013

3. Date Incorporated or Qualified **06/07/1991** 3a. Date of Last Report **01/20/1995**
4. FEI Number **65-0005650** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAJIGAS, RALPH A.
3540 WEST 1ST AVENUE
HIALEAH FL 33012

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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUERRERO, MANUEL | 1.2 NAME | |
| STREET ADDRESS | 4424 8TH COURT | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL 33013 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AROCHO, EFREN | 2.2 NAME | |
| STREET ADDRESS | 1410 N.E. 200TH TERRACE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH MIAMI FL 33179 | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMIREZ, WILLIAM | 3.2 NAME | |
| STREET ADDRESS | 13910 APPALACHIAN TRAIL | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | DAVIE FL 33325 | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, JUAN | 4.2 NAME | |
| STREET ADDRESS | 7101 W. 24TH AVENUE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL 33016 | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESCALANTE, RAUL | 5.2 NAME | |
| STREET ADDRESS | 3969 WEST 9TH COURT | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIGUEROA, EDGAR | 6.2 NAME | |
| STREET ADDRESS | 340 DOUGLAS ROAD, APT. 5 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | OPA-LOCKA FL | 6.4 CITY - ST - ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

305-688-0713

Daytime Phone #

CR2E037 (12/95)