

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:21

DOCUMENT # N44972 (0)
1. Corporation Name
IGLESIA BAUTISTA FUNDAMENTAL DE WEST PALM BEACH, INC.

Principal Place of Business Mailing Address
IGLESIA BANTISTA FUNDAMENTAL **C/O BEREAN BAPTIST**
2117 NORTH DIXIE HIGHWAY **8350 OKEECHOBEE BLVD.**
WEST PALM BEACH FL 33411 **WEST PALM BEACH FL 33411**
US **X 2-33401**

DO NOT WRITE IN THIS SPACE

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 25 29 Zip 30 Country

3. Date Incorporated or Qualified **08/30/1991** 3a. Date of Last Report **06/16/1994**
4. FEI Number **65-0311460** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CORZO, CESAR JAVIER
C/O BEREAN BAPTIST
8350 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE *Cesar J. Corzo* **04-01-1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	
NAME	HERNANDEZ, JIM	(CHANGED)
STREET ADDRESS	105 BOBWHITE ROAD	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	T	
NAME	HERNANDEZ, CARMEN	(CHANGED)
STREET ADDRESS	105 BOBWHITE ROAD	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	D	
NAME	MCCLAIN, ROBERT W.	
STREET ADDRESS	4204-B PAM BAY CIRCLE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	
NAME	GUTIERREZ, CARLOS	
STREET ADDRESS	124 MARGARITA DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CESAR JAVIER CORZO	
1.3 STREET ADDRESS	8350 Okeechobee Blvd.	
1.4 CITY - ST - ZIP	West Palm Beach Fla. 33411	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAMON MARRERO	
2.3 STREET ADDRESS	3813 S 57 PH Ave.	
2.4 CITY - ST - ZIP	Greenacres, Fla. 33463	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HERNANDEZ, CARMEN	
3.3 STREET ADDRESS	105 Bobwhite Road	
3.4 CITY - ST - ZIP	Royal Palm Beach, Fla. 33411	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARMEN ROSA CORZO	
4.3 STREET ADDRESS	4236-B Palm Bay Circle	
4.4 CITY - ST - ZIP	West Palm Beach, Fla. 33406	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Cesar J. Corzo* **04-01-95 (407) 686-0567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)