

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44972 (0)**  
1. Corporation Name  
**IGLESIA BAUTISTA FUNDAMENTAL DE WEST PALM BEACH, INC.**

Principal Place of Business <b>4422 GUN CLUB ROAD WEST PALM BEACH FL 33406 US</b>	Mailing Address <b>4422 GUN CLUB ROAD WEST PALM BEACH FL 33406-2961 US</b>
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2. Principal Place of Business <b>21 4422 Gun Club Road</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 4422 Gun Club Road</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/30/1991</b>		3a. Date of Last Report <b>07/22/1996</b>	
22 City & State <b>23 West Palm Beach - Fl.</b>		27 City & State <b>28 West Palm Beach - Fl.</b>		4. FEI Number <b>65-0311460</b>		Applied For Not Applicable	
24 Zip <b>33406-2961</b>		25 Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
29 Zip <b>33406-2961</b>		30 Country <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORZO, CESAR JAVIER 869 COTTON BAY DRIVE WEST #309 WEST PALM BEACH FL 33406</b>				10. Name and Address of New Registered Agent			
81 Name		Cesar Javier Corzo		82 Street Address (P.O. Box Number is Not Acceptable)		3667 Victoria Drive	
83		City		West Palm Beach		FL 85 Zip Code 33406	

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 *Cesar Javier Corzo* **Feb. 03, 1997**  
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	D <input type="checkbox"/> DELETE	1.1 TITLE	D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORZO, CESAR JAVIER	1.2 NAME	Corzo, Cesar Javier
STREET ADDRESS	869 COTTON BAY DRIVE WEST #309	1.3 STREET ADDRESS	3667 Victoria Drive, West Palm B.
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	FL. 33406-4706
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORZO, CARMEN ROSA	2.2 NAME	Corzo, Carmen Rosa
STREET ADDRESS	869 COTTON BAY DRIVE WEST #309	2.3 STREET ADDRESS	3667 Victoria Drive, West Palm B.
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	FL. 33406-4706
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JIMMY	3.2 NAME	Mildred McClain
STREET ADDRESS	105 BOBWHITE ROAD	3.3 STREET ADDRESS	4204-B Palm Bay Circle, West Palm
CITY-ST-ZIP	WEST PALM BEACH FL 33411	3.4 CITY-ST-ZIP	Beach, Fl. 33406-9016
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, CARMEN	4.2 NAME	Jaime Linares
STREET ADDRESS	105 BOBWHITE RD	4.3 STREET ADDRESS	2142 Ardel Way, West Palm Beach,
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	4.4 CITY-ST-ZIP	Fl. 33406
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORZO, CARMEN ROSA	5.2 NAME	
STREET ADDRESS	4236-B PALM BAY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)