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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90088 027 *****70.00



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45455**

1. Corporation Name

THE INTERNATIONAL BAPTIST CHURCH OF SANTO DOMINGO, INC.

Principal Place of Business

AVE. SARASOTA ESQUINA
CALLE HIGUENOTA
SANTO DOMINGO, DOM. REP.
OC

Mailing Address

PASTOR MIGUEL NUNEZ, CEM 9256
P.O. BOX 025273
MIAMI FL 33102-5273

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/03/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
LITTMAN, CURTIS A 1855 SOUTH KENNER HIGHWAY STUART FL 34994		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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	PD GYGAX, CHRISTIAN	1.1 TITLE	
NAME	CALLE 1 #9 ARROYO HONDO	1.2 NAME	
STREET ADDRESS	SANTO DOMINGO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MANGRICH, RICHARD	2.1 TITLE	
NAME	#12 JAYACOC, CACICAZGOS	2.2 NAME	
STREET ADDRESS	SANTO DOMINGO DR	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD DADULO, LIMUEL	3.1 TITLE	
NAME	#27 CALLE PEDRO ALBIZU CAMPO	3.2 NAME	
STREET ADDRESS	SANTO DOMINGO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SALCEDO, NURYS	4.1 TITLE	
NAME	CALLE 23 OESTE, APT 1E	4.2 NAME	
STREET ADDRESS	SANTA DOMINGO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/99 1(809) 492-4963

0061222

CR2E037 (11/98)