


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N45459 (7)
1. Corporation Name
IGLESIA BIBLICA CRISTIANA DE HIALEAH GARDENS, IN C.



Principal Place of Business 8715 NW 119 STREET HIALEAH GARDENS FL 33016	Mailing Address 8715 NW 119 STREET HIALEAH GARDENS FL 33018-1976
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/04/1991	3a. Date of Last Report 05/01/1996
21	26	4. FEI Number 65-0312372	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**MONTCRIFFE, OSCAR JR.
7 NW 109 PLACE
MIAMI FL 31722**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	TARASIVK, MARIO D
STREET ADDRESS	6954 BOTTLE BRUSH DRIVE
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MALDONADO, CARLOS A.
STREET ADDRESS	3178 SW 14TH ST #5
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VILLALTA, JOSE
STREET ADDRESS	2741 N.W. 204 LANE
CITY-ST-ZIP	MIAMI FL 33149
TITLE	<input type="checkbox"/> DELETE
NAME	D ONTANILLA
STREET ADDRESS	3522 TERRACE
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Alberto Perez
2.3 STREET ADDRESS	14625 SW 142 PL Cir
2.4 CITY-ST-ZIP	MIAMI FL 33186
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Wilson Suarez
3.3 STREET ADDRESS	8715 N.W. 119 St.
3.4 CITY-ST-ZIP	Hialeah Gardens Fl. 33016
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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.

SIGNATURE _____

CR2E037 (9/96)