FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N47973

1. Corporation Name

IGLESIA BAUTISTA EL REDENTOR, INC.

Principal Place of Business									
755 E. 49TH ST.									
#5									
HIALEAH FL 33012									
US									

Mailing Address

63 E 58TH ST HIALEAH FL 33013-1241

FILED Apr 25, 1999 8:00 am § Secretary of State

04-25-1999 90010 043 ****61.25 04-25-1999 90010 044 *****8.75

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2. Principal Pi	lace of Business	2a. Mailing Address				3. Date Inco	orporated or C	tualifed				
21		26				03/20/1992						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number				Applied For		
22		27				65-032	6085			No	Applicable	
City & State		City & State						sired 2		\$8.75 /	dditional	
23		28			ļ	o. Certificate	e of Status De	sireu 🗷	3.	Fee Re	quired	
Zip	Country	Zip				6. Election	Campaign Fin	ancing _]	\$5.00	Vlay Be	
24	25	29	30			Trust l [‡] u	nd Contributio	n L		Added t	o Fees	
	9. Name and Address of Current	Registered Agent				10. Name a	nd Address o	f New Regi	istered A	gent		
					me							
PEREZ, PEDRO PABLO				82 Street A Idress (P.O. Bo (Number is Not Acceptable)								
63 EAST 58TH STREET								<u> </u>				
HIALEAH I			[83		•					į	
110 (111)	2 000.0		-	84 City						85 Zip (ode	
				City	,				FL	05 2.10	}	
11. Pursuant to the provisions of Sections 617.050.2 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												
office ∋rn	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was a	autnorized	by the co	orporation:	s board of dir	ectors. I neret	у ассерт п	e ap sointi	nent as re	(IIstered	
•	Titalimai will, and accept the congain	5115 01, 0000011 011100001, 1	-,								Į	
SIGNATURE	Signature, typed or printed rume of registered agent	and title if applicable (NO	E: Registered A	gent signatu	ure recuired w	hen reinstating			DATE			
12.	OFFICERS AND	DIRECTORS	13.			AC ITIDDA	IS/CHANGES	TO OFFIC				
TITLE	DP	☐ DELETE	1.1 TITI	.E	D		(0/0		ļ	Change	Addition	
NAME	PEREZ, PEDRO PABLO		1.2 NAJ	/E	/	Luis f	aymin .	حد ا				
STREET ADDRESS	63 E. 58 ST.		1.3 STF	EET ADDRE	ESS 132	530 N	7 YAIA. W. 2." TION 3	° 57.				
CITY-ST-ZIP	HIALEAH FL		14 CIT	Y-ST-ZIP		PLANTA	TI ON 3	<u> 3325</u>				
TITLE	DS	☐ DELETE	2.1 TITI	.Ę					İ	Change	☐ Addition	
NAME	FERRER, LUIS		2.2 NAJ	AE								
STREET ADDR :SS	1736 W. 44TH PLACE		2.3 STF	EET ADDRE	ESS						ĺ	
CITY-ST-ZIP	HIALEAH FL		2. 4 CIT	Y-ST-ZIP								
TITLE	DT	☐ DELETE	3.1 TITE	E					1	Change	☐ Addition	
NAME	PEREZ, ARGEL E.		3.2 NAJ	Æ								
STREET ADDRESS	1791 W 72 ST		3.3 STF	REET ADDRE	ESS						}	
CITY-ST-ZIP	HIALEAH FL		3.4. CIT	Y-ST-ZIP								
TITLE	D	☐ DELETE	4.1 1111	.E	DV	/			•	Change	☐ Addition	
NAME	MONZON, MILAGROS		4. 2 NA	ME	/	NONZOL	MILA	gros			İ	
STREET ADDRESS	5035 E. 1ST AVE.		4.3 STF	REET ADDRE	ESS 4	5035 E	, 157	ave.			İ	
CITY-ST-ZIP	HIALEAH FL		4.4 CIT	Y-ST-ZIP	F	tialean	Fl . 3:	3013				
TITLE	D	☐ DELETE	5.1 ∏T							Change	☐ Addition	
NAME	PEREZ, PEDRO P. SR.		. 5.2 NA	ΛE							Ì	
STREET ADDRESS	63 EAST 58 ST.		5.3 STF	REET ADORE	ESS)	
CITY-ST-ZIP	HIALEAH FL		5.4 CIT	Y-ST-ZIP								
TITLE	DV	▼ DELETE	6.1 TIT	Æ						Change	☐ Addition	
NAME	LORENZO, JORGE L	, -	6.2 NA	ΛE	1						Ì	
	4444 111 114 114 11 11 11 11 11 11 11 11		6.3 STF	REET ADDRE	ESS						\	
	MIAMI FL 33016		6.4 CIT	Y-ST-ZIP							ì	
CITY-ST-ZIP	MINNI CL SOUID						Wil Florida C	1-41 1.4		414-41	- 	

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 of 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:

(305) 8.24 5291 (work) (305) £563127 (home.)