

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49151 (6)**

1. Corporation Name

**IGLESIA FUNDAMENTAL BAUTISTA, INC. OF MIAMI, FLO RIDA**



Principal Place of Business	Mailing Address
2580 W 2ND AVE 2595 W 76TH ST. HIALEAH FL 33010 US	2580 W 2ND AVE 2595 W 76TH ST. HIALEAH FL 33010 US

3. Date Incorporated or Qualified <b>06/01/1992</b>	3a. Date of Last Report <b>06/20/1995</b>
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21. Principal Place of Business <b>102 W 5th ST</b>	2a. Mailing Address <b>102 W. 5th ST.</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>HIALEAH FL.</b>	28. City & State <b>HIALEAH FL</b>
24. Zip <b>33010</b>	25. Country <b>DADE</b>
29. Zip <b>33010</b>	30. Country <b>DADE</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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

**ROSARIO, MOISES S**  
**21545 W 60TH ST**  
**APT 12202**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81. Name <b>ROSARIO, MOISES S.</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>8604 N.W. 192nd TR.</b>
83.
84. City <b>HIALEAH</b>
85. Zip Code <b>FL 33015</b>

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 **Rev. Moises S. Rosario** *[Signature]* **2/10/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ROSARIO, MOISES S</b>	
STREET ADDRESS	<b>2154 W. 60TH ST., APT. 12202</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33015</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>ROSARIO, RICARDO M</b>	
STREET ADDRESS	<b>2154 W. 60TH ST. 12202</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33015</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>ROSARIO, EMILIA R</b>	
STREET ADDRESS	<b>2154 W 60TH ST 12202</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33015</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Rev. Moises S. Rosario** *[Signature]* **2/10/96 305-888-8073**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)