

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED  
95 JUN 26 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000004423 (0)**

1. Corporation Name

**IGLESIA BAUTISTA INDEPENDIENTE, INC.**

Principal Place of Business

Mailing Address

14921 SOUTHWEST 82ND LANE  
STE. 108  
MIAMI FL 33193

P.O. BOX 83443  
MIAMI FL 33283

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/30/1993**

3a. Date of Last Report  
**04/20/1994**

4. FEI Number  
**65-0441673**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **8540 NW 66 ST**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MIAMI, FL**

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24 **33166**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAITHWAITE, ARXAPHAD  
14921 SOUTHWEST 82ND LANE  
STE. 108  
MIAMI FL 33193**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**8540 NW 66 ST**

83

**MIAMI, FL 33166**

84 City

**MIAMI**

**FL**

85 Zip Code

**33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointed.)

12. OFFICERS AND DIRECTORS

13.

DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
BRAITHWAITE, ARXAPHAD  
14921 SOUTHWEST 82ND LANE STE. 108  
MIAMI FL 33193**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**PD  
BRAITHWAITE, ARXAPHAD  
9220 SW, 149 COURT  
MIAMI, FL 33196**

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 607.0505, Florida Statutes; 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Braithwaite*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**4-12-95 (305) 477-6376**

Date Daytime Phone #

**800001524938  
-06/27/95--0114--008**

REAPPOINTED BY MAY 1