

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004423 (0)

1. Corporation Name

IGLESIA BAUTISTA INDEPENDIENTE, INC.



Principal Place of Business

Mailing Address

**8540 NW 66TH ST.
MIAMI FL 33166**

**P.O. BOX 833443
MIAMI FL 33283**

3. Date Incorporated or Qualified
09/30/1993

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAITHWAITE, ARXAPHAD
8540 NW 66TH ST.
MIAMI FL 33166**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **BRAITHWAITE, ARXAPHAD**
STREET ADDRESS **920 SW 149TH CT.**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **TD** DELETE
NAME **SANTANA, JOSE M**
STREET ADDRESS **8700 SOUTHWEST 133RD AVENUE ROAD**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **V** DELETE
NAME **ADAMS, ANGEL R**
STREET ADDRESS **11797 SW 90TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE Change Addition
3.2 NAME **VJD HUMBERTO ROMAN**
3.3 STREET ADDRESS **12326 S.W 117 CT**
3.4 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **S** DELETE
NAME **ALVAREZ, TERESA J**
STREET ADDRESS **3860 SW 140TH AVE.**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Braithwaite

4-22-96

Date

305-4776376

Daytime Phone #

CR2E037 (12/95)