

**NON PROFIT**  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

61.25

**FILED**  
**Jul 08 1998 8:00am**  
**Secretary of State**

**NON PROFIT CORPORATION ANNUAL REPORT 1998**



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

DOCUMENT # **N93000004423**

1. Corporation Name  
**IGLESIA BAUTISTA INDEPENDIENTE**

Principal Place of Business: Mailing Address

**15186 SW 56 Street**  
**MIAMI, FL 33193**

**Non-Profit**  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>15186 SW 56 ST</b>	26 <b>15186 SW 56 ST</b>	<b>650441673</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 <b>MIAMI - FL</b>	28 <b>MIAMI FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 <b>33193</b>	29 <b>33193</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>BRAITHWAITE, ARXAPHAD</b> <b>9220 SW 149 CT</b> <b>MIAMI, FL 33196-1675</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code

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 of 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when not stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARXAPHAD BRAITHWAITE</b>	12 NAME	
STREET ADDRESS	<b>9220 SW 149 CT</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	14 CITY-ST-ZIP	
TITLE	<b>TD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORGE NAVARRO</b>	22 NAME	
STREET ADDRESS	<b>5302 SW 152CT</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	24 CITY-ST-ZIP	
TITLE	<b>VD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBERTO ROMAN</b>	32 NAME	
STREET ADDRESS	<b>11340 SW 57ST</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	34 CITY-ST-ZIP	
TITLE	<b>S. D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERESA S. ALVAREZ</b>	42 NAME	
STREET ADDRESS	<b>2860 SW 140 AVE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**200002582892**  
**-07/08/98--01051--009**  
**\*\*\*61.25**

14. 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 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 executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if included, or on an attachment with an address.

SIGNATURE: **Braithwaite ARXAPHAD BRAITHWAITE** 6-18-98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of Month & Year

CR2E034 (10/97)