

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90056 028 ****61.25

0035294

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004423

1. Corporation Name
IGLESIA BAUTISTA INDEPENDIENTE, INC.

Principal Place of Business

15186 SW 56TH ST
 MIAMI FL 33193
 US

Mailing Address

15186 SW 56TH ST
 MIAMI FL 33193
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. BOX

27 Suite, Apt. #, etc.

28 Zip

29 Country

3. Date Incorporated or Qualified

09/30/1993

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

9. Name and Address of Current Registered Agent

BRAITHWAITE, ARXAPHAD
 9220 SW 149 CT
 MIAMI FL 33196-1675

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **BRAITHWAITE, ARXAPHAD**
 STREET ADDRESS **9220 SW 149 CT**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **JD** DELETE
 NAME **NAVARRO, JORGE**
 STREET ADDRESS **5308 SW 152 CT**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **VD** DELETE
 NAME **ROMAN, HUMBERTO**
 STREET ADDRESS **11340 SW 57 ST**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** DELETE
 NAME **ALVAREZ, TERESA J**
 STREET ADDRESS **2860 SW 140TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-1999 305-385-3080

Date

Daytime Phone #

CR2F037 (11/98)