

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 # N93000005178 (9)

1. Corporation Name

IGLESIA EVANGELICA PENTECOSTAL FUENTES DE AGUA V
IVA, CORP.

Principal Place of Business

Mailing Address

8318 SOUTHWEST 56 STREET
MIAMI FL 33187
US

15406 SOUTHWEST 85 TERRACE
SUITE 187
MIAMI FL 33139
US



2. Principal Place of Business

2a. Mailing Address

21 4860 SW 56 ST

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 MIAMI FLA

27 City & State

24 Zip 33187 25 Country U.S.A

29 Zip 30 Country

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
04/10/1995

4. FEI Number
65-0449332

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

BATISTA, DOLORES
15479 SOUTHWEST 86 TERRACE
MIAMI FL 33193

81 Name NONE
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 prescribed in s. 617.0503, Florida Statutes.

SIGNATURE

Dolores Batista

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BATISTA, DOLORES	
STREET ADDRESS	15479 SOUTHWEST 86 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BATISTA, DANIEL F	
STREET ADDRESS	15479 SOUTHWEST 86 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAN MIGUEL, ESTRELLA	
STREET ADDRESS	15406 SOUTHWEST 85 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHICAS, REINA E	
STREET ADDRESS	9318 SOUTHWEST 56 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, RENE	
STREET ADDRESS	10250 S.W. 48 STREET	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BASTISTA, LUIS I.	
STREET ADDRESS	15479 SOUTHWEST 85 TERRACE	
CITY-ST-ZIP	MIAMI FL	

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:

Dolores Batista

(Signature and typed or printed name of signing officer or director)

2-4-96 (305) 386-5588

(Date) (Telephone)

CR2E037 (12/95)