

**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 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

3. Date Incorporated or Qualified  
**11/12/1993**

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

2. Principal Place of Business

2a. Mailing Address

21 9360 SW 56 ST

26 SAME AS ABOVE

4. FEI Number  
**65-0449332**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

23 MIAMI FLA

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 33187

25 Country U.S.A

29 Zip

30 Country

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 reinstating)

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	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)