FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 11 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005423 (9)

1. Corporation Name
IGLESIA BAUTISTA VICTORIA EN CRISTO INC.

Principal Place of Business	Mailing Address
13937 SW 44TH LN CR #B MIAMI FL 33175	13937 SW 44TH LN CR #B MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 07/28/1994
4. FEI Number: 65-0464094 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

PALACIOS, VICTOR M
13937 SW 44TH LN
CR #B
MIAMI FL 33175

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NEW Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, DINORA	12 NAME	ALVAREZ, DINORA
STREET ADDRESS	21421 NW 3RD ST	13 STREET ADDRESS	D; DELETE
CITY ST ZIP	PEMBROKE PINES FL 33029	14 CITY ST ZIP	21421 NW 3RD ST PEMBROKE FL, 33029
TITLE	D,	21 TITLE	☐ Change ☐ Addition
NAME	PALACIOS, VICTOR M.	22 NAME	D; PALACIOS VICTOR M
STREET ADDRESS	13937 SW 44TH LANE, CIR. B	23 STREET ADDRESS	13937 SW 44 LN, CR. B
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami FL, 33175
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	POLO, ADELA	32 NAME	
STREET ADDRESS	3840 SW 102ND AVE., #D-202	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PALACIOS, MARTHA G.	42 NAME	
STREET ADDRESS	13937 SW 44TH LANE, CIR. B	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 X in this box.

SIGNATURE: [signature] 5-3-95 (305) 223-6957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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