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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N93000005423 (9)

IGLESIA BAUTISTA VICTORIA EN CRISTO INC.

Principal Place of Business Mailing Address 10481 - SW - 88 - ST., - #D - 203 13937 SW 44 LANE CR. MIAMI FL 99173 MIAMI FL 33175-4441 205 SW 125 AUE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1993 05/01/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0464094 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes 🗌 No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PALACIOS, VICTOR M 62 Street Address (P.O. Box Number is Not Acceptable) 13937 SW 44TH LN 83 OR #B **MIAMI FL 33175** 84 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, it 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change Addition NAME PALACIOS, VICTOR M. **1.2 NAME** 13937 SW 44TH LANE, CIR. B STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition Please Delete CELES NO. ALVAREZ NAME 2.2 NAME celectino Allarez ST.LANE, CIR. B STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 0298 3.1 TITLE Change Addition NAME PALACIOS, MARTHA G. 3.2 NAME 13937 SW 44TH LANE, CIR. B STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change **Addition** NAME AAMANO DANIEL 4.2 NAME 448 SONS ET DV. HALANDALE F1-33009 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP TITLE CARMANO 5.1 TITLE Addition Addition NAME 5.2 NAME 448 sonset DV. STREET ADDRESS 5.3 STREET ADDRESS HALANDALE fl. 33009 CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETÉ 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SHORMALHEE

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my rightalure 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 67. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jun 18 1997 8:00am

Secretary of State