FILE NOW: FILING FEE IS \$61.25

NONPROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N94000000423 (3)

MISION BAUTISTA HISPANA INC. DE CORAL BAPTIST CH URCH

Principal Place of Business Mailing Address					T (MB) STATE OF FOUR BOOK BOTH BOSH BOTH BOTH BOTH BOTH BIGGO STORE THE SOAL			
201 N. UNIVE	rsity dr.	P.O. BOX 77	P.O. BOX 770067			ļ		
	IGS FL 33077-0067		INGS FL 33077-0	067				
						3. Date Incorporated or Qualified 01/27/1994	3a. Date of L 07/24	ast Report 4/1995
2. Principal Pla	ice of Business	2a. Mailing Ad	idress			4. FEI Number		Applied For
21		26				APERITE OF		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired	1 7 -	.75 Additional
22		27				5. Certificate of Status Desired		ee Required
City & State		City & Sta	te			Election Campaign Financing	1 1	5.00 May Be
23	~ 	28				Trust Fund Contribution		dded to Fees
Zip ─	Country	Zip	 	Country		8. This corporation has liability for in	itangibie tax und∈]Yes ⊠ No	ers. 199.032,
24	25 9. Name and Address of Curre	29	30			Florida Statutes 10. Name and Address of New Re		- LA ANT LET
	9. Name and Address of Curre	iit negisteled Age		81	Name	To. Hallo and Addison		
				L				
	ANGELO L REV		82 Street Ad			Address (P.O. Box Number is Not Acceptable	8)	
	67TH AVE.		83			11111		
IAMARĄ	C FL 33321				L			
				84	City		FL 85	Zip Code
44 Discussion to	a the provisions of Sections 617 050	2 and 617 1508 Flo	orida Statutes the	above-i	named co	rporation submits this statement for the purp	ose of changing	its registered office
or register	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change w	ras authorized by	the corp	oration's l	board of directors. I hereby accept the appo	intment as regist	ered agent. I am
SIGNATURE _	Signature, typed or printed name of registered age:	nt and title if applicable	(NOTE: Reg	pistered Age	nt signature re	quired when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
TITLE	ST		DELETE	11 THILE			Chai	nge 🔲 Addition
NAME	CHAPEL, DORA MRS			1.2 NAME				
STREET ADDRESS	3011 CORAL RIDGE DR.			1.3 STREET	ADDRESS			
CITY - SI - ZIP	CORAL SPRINGS FL 33065			1.4 CITY-5	ST-ZIP			
THTLE	D		DELETE	2.1 TITLE		. 4	, Cha	nge Addition
NAME	galan, angelo n			2.2 NAME		GALAN ANGELO L	۲.	
STHEET ADDRESS	8124 N.W. 67 AVE.			2.3 STREE	T ADDRESS			!
CHY-ST-ZIP	TAMARAC FL 33321			2. 4 CITY-	ST-ZIP	(Spelling)		
TITLY	τ		DELETE	31 TITLE			∑ Cha	nge Addition
NAME	SALAS, OMAJRA			32 NAME	l	SALAS, UMAIRA		
STREET ADDRESS	2590 N.W. 89 DR.			3 3 STREE	T ADDRESS	GALAN, ANGELO L (Spelling) SALAS, OMAIRA (Spelling)		
CHY-ST-ZIP	CORAL SPRINGS FL 33065			3 4. CITY-	ST-ZIP	(Spelling)		nes [] Addition
TITLE		Ц	DELETE	4.1 TITLE			☐ Cha	nge 🔲 Addition
NAMÉ				4. 2 NAME		•		
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP			חרו כזכ	4.4 CITY-	ST-ZIP		☐ Cha	inge Addition
TITLE		L	DELETE	51 TITLE		90000173	35155	I Montou
NAME				5.2 NAME		90000173 -03/06/96010	126015	-
STREET ADDRESS					T ADDRESS	***61.25		
CITY-ST-ZiP			IDE) ETE	5.4 CITY-	ST-ZIP		Ch	inge Naddition
TITLE		L	DELETE	6 1 TITLE	_			5 KT
NAME				6.2 NAME			6	7,11,
STREET ADDRESS					T ADDRESS		~	3 //
CITY-ST-ZIP				64 C/TY-	SI-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 carth; that I am an officer or director of the obsporation 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:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNATURE OF DIRECTOR

1/28/96 (954)726-6566 Destruction Destruction Destruction