

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # N94000000423 (3)

1. Corporation Name

MISSION BAPTISTA HISPANA INC. DE CORAL BAPTIST CH
URCH



Principal Place of Business Mailing Address
201 N. UNIVERSITY DR. P.O. BOX 770067
CORAL SPRINGS FL 33077-0067 CORAL SPRINGS FL 33077-0067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/27/1994		03/05/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		NOT APPLICABLE		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALAN, ANGELO L REV
8124 NW 67TH AVE.
TAMARAC FL 33321

81 Name VIDAL, CAROL REV.
82 Street Address (P.O. Box Number is Not Acceptable)
2930 Forest Hills Blvd, Ap. 205
83
84 City Coral Springs FL 85 Zip Code 33065

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 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)

10-06-96

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	DELETE		1.1 TITLE	D	Change	Addition
NAME	CHAPEL, DORA MRS			1.2 NAME	Vidal, Fanny		
STREET ADDRESS	3011 CORAL RIDGE DR.			1.3 STREET ADDRESS	2930 Forest Hills Blvd Ap. 205		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-ST-ZIP	Coral Springs, Fl. 33065		
TITLE	D	DELETE		2.1 TITLE	D	Change	Addition
NAME	GALAN, ANGELO L			2.2 NAME	Vidal, Carol		
STREET ADDRESS	8124 N.W. 67 AVE.			2.3 STREET ADDRESS	2930 Forest Hills Blvd Ap. 205		
CITY-ST-ZIP	TAMARAC FL 33321			2.4 CITY-ST-ZIP	Coral Springs, Fl. 33065		
TITLE	T	DELETE		3.1 TITLE	D	Change	Addition
NAME	SALAS, OMAIRA			3.2 NAME	Jibaja, Armando		
STREET ADDRESS	2590 N.W. 89 DR.			3.3 STREET ADDRESS	8329 Coral Lake Dr. Bld. 3		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			3.4 CITY-ST-ZIP	Coral Springs, Fl. 33065		
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 to this address.

SIGNATURE SIGNATURE REQUIRED

CR2E037 (4/97)