

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90039 016 ****70.00

DOCUMENT # N94000000423

1. Corporation Name

MISION BAUTISTA HISPANA INC. DE CORAL BAPTIST CH
URCH

Principal Place of Business

201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33077-0067

Mailing Address

P.O. BOX 770067
CORAL SPRINGS FL 33077-0067



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/27/1994

4. FEI Number

NOT APPLICABLE 65-0912216

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

9. Name and Address of Current Registered Agent

VIDAL, CAROL R
2930 FOREST HILLS BLVD
APT 205
CORAL SPGS FL 33065

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME VIDAL, FANNY
STREET ADDRESS 2930 FOREST HILLS BLVD APT 205
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D
NAME VIDAL, CAROL
STREET ADDRESS 2930 FOREST HILLS BLVD, APT 205
CITY-ST-ZIP CORAL SPGS FL

TITLE D
NAME JIBAJA, ARMANDO
STREET ADDRESS 8320 CORAL LAKE DR BLD 3
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME JIBAJA, ARMAUDO
1.3 STREET ADDRESS 3507 CORAL SPRINGS DR.
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE D
2.2 NAME SAMUEL HERRERA
2.3 STREET ADDRESS 530 SW. 56 ST.
2.4 CITY-ST-ZIP COCONUT CREEK, FL 33067

3.1 TITLE D
3.2 NAME BETZABE SOLIS
3.3 STREET ADDRESS 7743 COURTYARD RUN W.
3.4 CITY-ST-ZIP BOCA RATON, FL 33433

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23 / 99

Date

(954) 796-2695

Daytime Phone #

CR2E037-11198