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 APR 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001302 (8)**

1. Corporation Name

IGLESIA BAUTISTA HISPANA DE LAKESIDE, APOPKA, FLORIDA, INC.

Principal Place of Business	Mailing Address
9635 BEAR LAKE RD APOPKA FL	9635 BEAR LAKE RD APOPKA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3232024 ☐ 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

CORDOVES, ISRAEL
602 EGAN DR
ORLANDO FL 32822

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	CORDOVES, ISRAEL	12 NAME	
STREET ADDRESS	602 EGAN DR	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CORDOVES, MARIO	22 NAME	
STREET ADDRESS	501 EGAN DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CORDOVES, ISRAEL JR.	32 NAME	
STREET ADDRESS	602 EGAN DR	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CORDOVES, MARTA	42 NAME	
STREET ADDRESS	602 EGAN DR	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	SUAREZ, GINETTE	52 NAME	MARIA E. GOMEZ
STREET ADDRESS	9635 BEAR LAKE RD	53 STREET ADDRESS	461 LOUNDES SQUARE
CITY-ST-ZIP	APOPKA FL	54 CITY-ST-ZIP	CANSELBERRY, 32707
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 address.

SIGNATURE: Israel Cordoves — 4/11/95 — (407)380-0465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003