

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001302 (8)

1. Corporation Name

IGLESIA BAUTISTA HISPANA DE LAKESIDE, APOPKA, FL
ORIDA, INC.



Principal Place of Business

Mailing Address

9635 BEAR LAKE RD
APOPKA FL

9635 BEAR LAKE RD
APOPKA FL

3. Date Incorporated or Qualified
03/16/1994

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDOVES, ISRAEL
602 EGAN DR
ORLANDO FL 32822

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 CD ☐ DELETE
NAME CORDOVES, ISRAEL
STREET ADDRESS 602 EGAN DR
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE
NAME CORDOVES, MARIO
STREET ADDRESS 501 EGAN DR
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE
NAME CORDOVES, ISRAEL JR.
STREET ADDRESS 602 EGAN DR
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE
NAME CORDOVES, MARTA
STREET ADDRESS 602 EGAN DR
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE
NAME GOMEZ, MARIA E
STREET ADDRESS 461 LOUNDES SQUARE
CITY-ST-ZIP CANSELBERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 000001752780
2.3 STREET ADDRESS 03/21/96--01025--013
2.4 CITY-ST-ZIP ***61.25

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 400001752784
03/21/96--01025--014

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME ***8.75
4.3 STREET ADDRESS 501 EGAN DR.
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Eduardo Perez
6.4 CITY-ST-ZIP 3700 Goldenrod Rd.
Orlando, FL 32806

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95 (407) 380-0465
Date Daytime Phone #
PK 3-21-91

CR2E037 (12/95)