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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32703-1922



3. Date Incorporated or Qualified  
03/16/1994

3a. Date of Last Report  
03/21/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D PETER DE GRACIA  
5.3 STREET ADDRESS 6127 Bear Lake Terr.  
5.4 CITY-ST-ZIP APOPKA, FL 32703

TITLE D ☐ DELETE  
NAME PEREZ, EDUARDO  
STREET ADDRESS 3700 GOLDENROD RD  
CITY-ST-ZIP ORLANDO FL 32806

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME D EDUARDO PEREZ  
6.3 STREET ADDRESS 3700 Curry Ford Rd. Apt. P-6  
6.4 CITY-ST-ZIP ORLANDO FL 32806

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 with an address.

SIGNATURE:

*Israels Cordoves* REQUIRED

1/26

(407) 381-0465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)