

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002034 (6)**

1. Corporation Name

IGLESIA BAUTISTA EL MESIAS, INC.



Principal Place of Business 5545 S.W. 8TH STREET #304 MIAMI FL 33134 US	Mailing Address 517 S.W. 96TH COURT MIAMI FL 33174
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 04/21/1994	4. FEI Number 65-0481631	Applied For ☐ Yes ☒ Not Applicable
5. Certificate of Status Desired ☐ Yes ☒ No	6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
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 SILVA, JOSE SR 517 S.W. 96TH COURT MIAMI FL 33174	10. Name and Address of New Registered Agent 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 14 City FL 15 Zip Code
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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 _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1E	☐ Change ☐ Addition
NAME		1.1E	
STREET ADDRESS		1.1EET ADDRESS	
CITY-ST-ZIP		1.1E-ST-ZIP	
TITLE	☐ DELETE	2.1E	☐ Change ☐ Addition
NAME		2.1E	
STREET ADDRESS		2.1EET ADDRESS	
CITY-ST-ZIP		2.1E-ST-ZIP	
TITLE	☐ DELETE	3.1E	☐ Change ☐ Addition
NAME		3.1E	
STREET ADDRESS		3.1EET ADDRESS	
CITY-ST-ZIP		3.1E-ST-ZIP	
TITLE	☒ DELETE	4.1E	☒ Change ☐ Addition
NAME		4.1E	
STREET ADDRESS		4.1EET ADDRESS	
CITY-ST-ZIP		4.1E-ST-ZIP	
TITLE	☐ DELETE	5.1E	☐ Change ☐ Addition
NAME		5.1E	
STREET ADDRESS		5.1EET ADDRESS	
CITY-ST-ZIP		5.1E-ST-ZIP	
TITLE	☐ DELETE	6.1E	☐ Change ☐ Addition
NAME		6.1E	
STREET ADDRESS		6.1EET ADDRESS	
CITY-ST-ZIP		6.1E-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for 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: Jose Silva Jr. **JOSE SILVA** 4/25/98 (305) 253-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

CP2E037 (10/97)