FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400002699 (6)

IGLESIA BAUTISTA JERICHO, INC

Principal Place of Business Mailing Address				A SUBSTILLER BITO LOUGH BITEST HOSTS BEATS OF	0151 00111 00110 51910 51110 10110 1011 1001
6491 W 2ND AVE 1154		11542 NW 87 PL			
HIALEAH M 33012		HIALEAH GARDENS FL	33016		
US				3. Date Incorporated or Qualified	3a. Date of Last Report
				05/31/1994	05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FE! Number	Applied For
Suite, Apt. #, etc.		Suite Ant. # ate		65-0496357	Not Applicable
22	9, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	9. Name and Address of Currer	29	30	Florida Statutes 10. Name and Address of New Re-	Yes No
	9. Name and Address of Corre	n negistered Agent	81 Name	10. Name and Address of New Re-	gistered Agent
NARANJI	O AREI				
NARANJO, ABEL 11542 NW 87 PL				dress (P.O. Box Number is Not Acceptable	}
	GARDENS FL 33016		83		· · · · · · · · · · · · · · · · · · ·
•			84 City		RE Zin Codo
•			Gily City		FL 85 Zip Code
14. Pursuant t	o the provisions of Sections 617,0502 ed agent, or both, in the State of Flori	2 and 617.1508, Florida Statuti da, Such change was authoriz	es, the above-named corpored by the corporation's boa	pration submits this statement for the purpart of directors. I hereby accept the appoin	ose of changing its registered office
* familiar wit	n, and accept the obligations of Sect	tion 617.0503, Florida Statutes			
STGNATURE (Signature, typed or printed name of registered agent	1. 4 6	TE Registered Agent signature require	2-	17-96.
12.		D DIRECTORS	13.	ADDITIONS CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	naranjo, abel		1.2 NAME		
STREET ADDRESS	11542 NW 87TH PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL		1.4 CHTY-ST-ZIP		
TITLE	T	DELETE	2 1 TITLE		Change Addition
NAME	RIVERO, ANA		2 2 NAME		
STREET ADDRESS	1770 W 44TH PL APT 309 HIALEAH FL		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	2 4 CITY+ST-ZIP 3 1 TITLE		Change Addition
NAME	RIVERO, DULCE	_	3 2 NAME		C thange C house
STREET ADDRESS	895 W 68TH ST		3.3 STREET ADDRESS		
CtTY-ST-ZIP	HIALEAH FL		34. CITY-ST-ZIP		
TITLE	Ţ	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	NARANJO, MARIA		4 2 NAME		
STREET ADDRESS	11542 NW 87TH PL		4.3 STREET ADDRESS	70000173 	7850
CITY-ST-ZIP	HIALEAH GARDESN FL	DELETE	44 CITY - ST - ZIP		
TIFLE NAME		[_]otetit	5 1 TITLE 52 NAME	***61.25	Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		` ^
CITY-ST-ZIP			5 4 CITY - ST - ZIP		~ 100
TITLE	., _	DELETE	61 TITLE		Change Addition
NAME			62 NAME		11111
STREET ADDRESS			6 3 STREET ADDRESS		() 1/2//
CITY-ST-ZIP		TAIL Along a Charles and the Company of the Company	64 CITY-ST-ZIP		11
certify that	the information indicated on this ann	ual report or supplemental ann	ual report is true and accur-	for the exemption stated in Section 119.0 ate and that my signature shall have the s	ame legal effect as if made under
oath; that	l am an officer or director of the corpo Block 12 or Block 13 if changed, or j	pration or the receiver or truste	e empowered to execute th	nis report as required by Chapter 617, Flor	ida Statutes; and that my name
	01/11/11	(a) Confo		5 23 01 755	A CED WOOD
SIGNAT		R PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	3-17-96 (30	1 1 1 0 - 4 C X 1
	GIGHATUNE AND TITED U	CE NAME OF SIGNING OFFICE	on binector	Dese	Dayune mione #