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Apr 30 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 # N94000002699 (6)

1. Corporation Name
IGLESIA BAUTISTA JERICO, INC



Principal Place of Business Mailing Address
6491 W 2ND AVE HIALEAH M 33012 US
11542 NW 87 PL HIALEAH GARDENS FL 33018-1958

3. Date Incorporated or Qualified 05/31/1994
3a. Date of Last Report 03/01/1996
4. FEI Number 65-0496357
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 [x] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 358 E. 3 ST 26
Suite, Apt #, etc. Suite, Apt. #, etc.
22 Hialeah 27
City & State City & State
23 Hialeah, FL 28
Zip Country Zip Country
24 33013 25 U.S.A 29 30

9. Name and Address of Current Registered Agent
NARANJO, ABEL
11542 NW 87 PL
HIALEAH GARDENS FL 33018

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 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 Rev. ABEL NARANJO [Signature] 4-18-1997
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	PD	<input type="checkbox"/> DELETE
NAME	NARANJO, ABEL	
STREET ADDRESS	11542 NW 87TH PL	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RIVERO, ANA	
STREET ADDRESS	1770 W 44TH PL APT 309	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIVERO, DULCE	
STREET ADDRESS	895 W 68TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NARANJO, MARIA	
STREET ADDRESS	11542 NW 87TH PL	
CITY-ST-ZIP	HIALEAH GARDESN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE: [Signature] 4-18-1997 (305) 558-4889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023412

CR2E037 (9/96)