

FILE NOW: FILING FEE IS \$61.25

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Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90009 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002699 ✓

1. Corporation Name
IGLESIA BAUTISTA JERICO, INC



Principal Place of Business 358 E 3RD ST HIALEAH M 33013 US	Mailing Address 11542 NW 87 PL HIALEAH GARDENS FL 33016
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2. Principal Place of Business 21 IGLESIA BAUTISTA Jerico Suite, Apt. #, etc. 22 358 E 3rd ST City & State 23 Hialeah, FL Zip 24 33010 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 11542 N.W 87 PL City & State 28 Hialeah Gardens Zip 29 33018 Country 30 USA	3. Date Incorporated or Qualified 05/31/1994	4. FEI Number 65-0496357 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent NARANJO, ABEL 11542 NW 87 PL HIALEAH GARDENS FL 33016		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	T Rivero Ana <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARANJO, ABEL	1.2 NAME	1770 W 44TH PL APT. 309
STREET ADDRESS	11542 NW 87TH PL	1.3 STREET ADDRESS	Hialeah FL
CITY-ST-ZIP	HIALEAH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERO, ANA	2.2 NAME	Gonzales Adela
STREET ADDRESS	1770 W 44TH PL APT 309	2.3 STREET ADDRESS	8915 NW 120 ST
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah Gardens 33018
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERO, DULCE	3.2 NAME	NARANJO MIRIAM
STREET ADDRESS	895 W 68TH ST	3.3 STREET ADDRESS	16252 S.W 23 ST
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Miami, FL 33027
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NARANJO, MARIA	4.2 NAME	
STREET ADDRESS	11542 NW 87TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 with all other like empowered.

SIGNATURE: **NARANJO ABEL** SIGNATURE REQUIRED **7-13-1999** (305) 558-4889

CR2E037 (11/98)