NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:01

DOCUMENT # N94000002725 (9)

1. Corporation Name

IGLESIA BAUTISTA SHALOM, INC.

Principal Place of Business	Mailing Address
6790 S.W. 56 ST. MIAMI FL 33155	P.O. BOX 556185 MIAMI FL 33255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report:
4. FEI Number: 65-0522488 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MILLAN, OBED
6790 S.W. 56 ST.
MIAMI FL 33155

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MILLAN, OBED	12 NAME		
STREET ADDRESS	13325 SW 8 LN.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	GUTIERREZ, JUSTO	22 NAME	VALDES, EMIGDIO O.	
STREET ADDRESS	9045 SW 48 TERR.	23 STREET ADDRESS	7161 SW 14 ST.	
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP	MIAMI, FL, 33144	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	REYES, JUSTO	32 NAME		
STREET ADDRESS	4411 SW 102 PL.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	REYES, JUSTO	42 NAME	ROBERTS, MARIA	
STREET ADDRESS	4411 SW 102 PL.	43 STREET ADDRESS	1710 SW 98 AVE.	
CITY-ST-ZIP	MIAMI FL 33165	44 CITY-ST-ZIP	MIAMI, FL, 33165	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DIAZ, HORTENSIA	52 NAME		
STREET ADDRESS	6820 SW 14 STREET	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	VALDIVIA, MIGUEL	62 NAME	HERNANDEZ, ADAIL	
STREET ADDRESS	5820 SW 16 ST.	63 STREET ADDRESS	4110 SW 69 AVE.	
CITY-ST-ZIP	MIAMI FL 33155	64 CITY-ST-ZIP	MIAMI, FL, 33155	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Obed Millan REV. OBED MILLAN 6/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(305) 223-4491
Daytime Phone #

001A07B